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JUSTICE NEWS & HOMELESS BLUES IN THE BAY AREA

Psychiatric Drugs: An Assault on the Human Condition

by Terry Messman

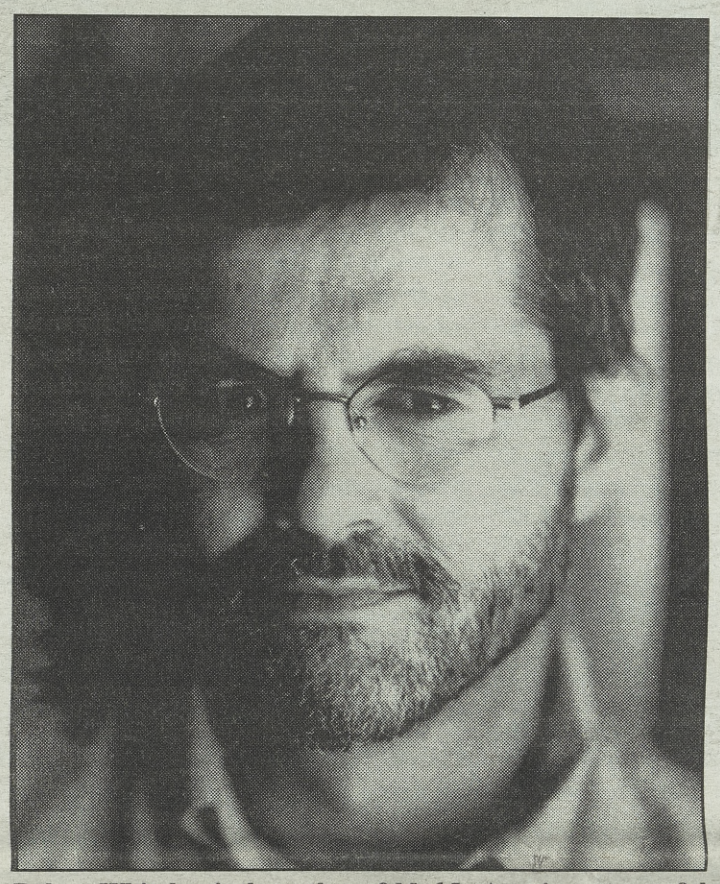
Investigative reporter Robert Whitaker, author of the groundbreaking book *Mad In America,* charges that the mammoth psychiatric drug industry is endangering the American public by covering up the untold cases of suffering, anguish and disease caused by the most widely prescribed antidepressants and antipsychotic medications.

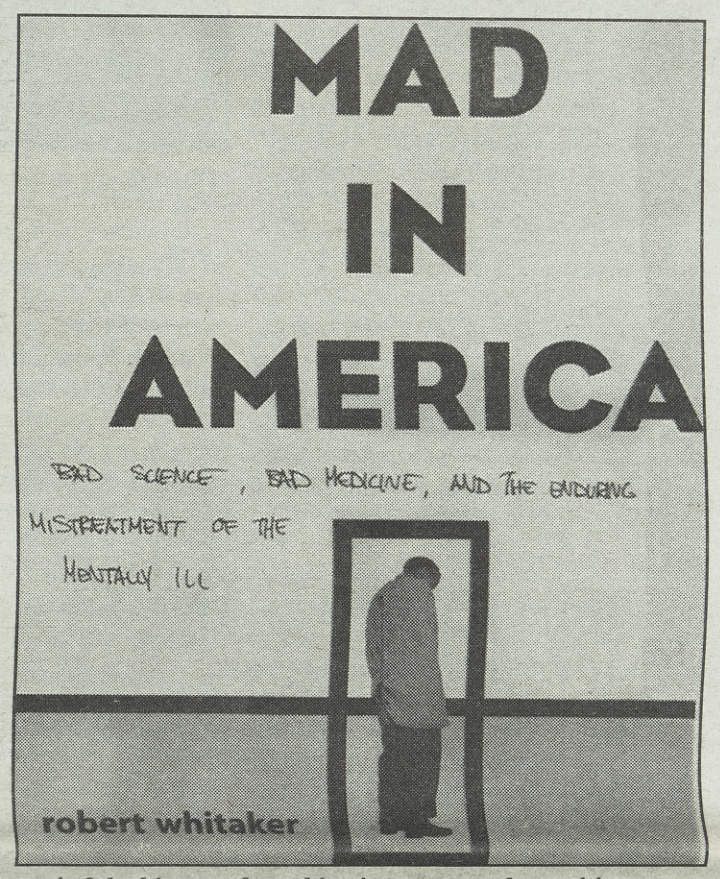
Whitaker exposes the massive lies and cover-ups that have corrupted the Food and Drug Administration's drug review process. He also documents how medical research trials have been co-opted in order to spin the results of drug tests and conceal the serious hazards and even deadly side-effects of brand-name drugs like Prozac, Zoloft, Paxil and Zyprexa.

The story becomes even more frightening when we look at the aggressive tactics the giant drug companies have used to silence prominent critics by defaming them in the press. These corporations have used their money and power to have widely respected scientists and eminent medical researchers fired for daring to point out the hazards and risks of suicide and premature death caused by these drugs.

Whitaker's research debunks the effectiveness of these massively hyped wonder drugs — antidepressants like Prozac, Zoloft and Paxil, and atypical antipsychotic drugs like Zyprexa. He documents how they often are barely more effective than placebos in treating mental disorder and depression, despite the glowing adulation they receive in the mainstream media.

He then makes the startling claim that these new drugs have contributed to an alarming new epidemic of drug-induced mental illness. The very drugs prescribed by physicians to stabilize mental disorders in fact are inducing pathological changes in brain chemistry and triggering suicide, manic and psychotic episodes, convulsions, violence, diabetes, pancreatic failure, metabolic diseases, and premature death.





Robert Whitaker is the author of *Mad In America,* a powerful exposé of the history of psychiatric torture and atrocities.

When Whitaker, a highly regarded science reporter for the *Boston Globe*, first began to research a series on psychiatric issues for the *Globe,* he was still a believer in the story of progress that psychiatry has been telling the public for decades.

He said, "I absolutely believed the common wisdom that these antipsychotic drugs actually had improved things and that they had totally revolutionized how

See **Psychiatric Drugs** *page 2*

Special Issue on Psychiatry and Human Rights

This anthology reprints *Street Spirit's* most important articles exposing psychiatry's history of inhumane practices and abuses.

ELECTROSHOCK

A Crime Against the Spirit

by Leonard Roy Frank

EPIGRAPH

"In remembrance lies the secret of redemption." —Bal Shem Tov

INTRODUCTION

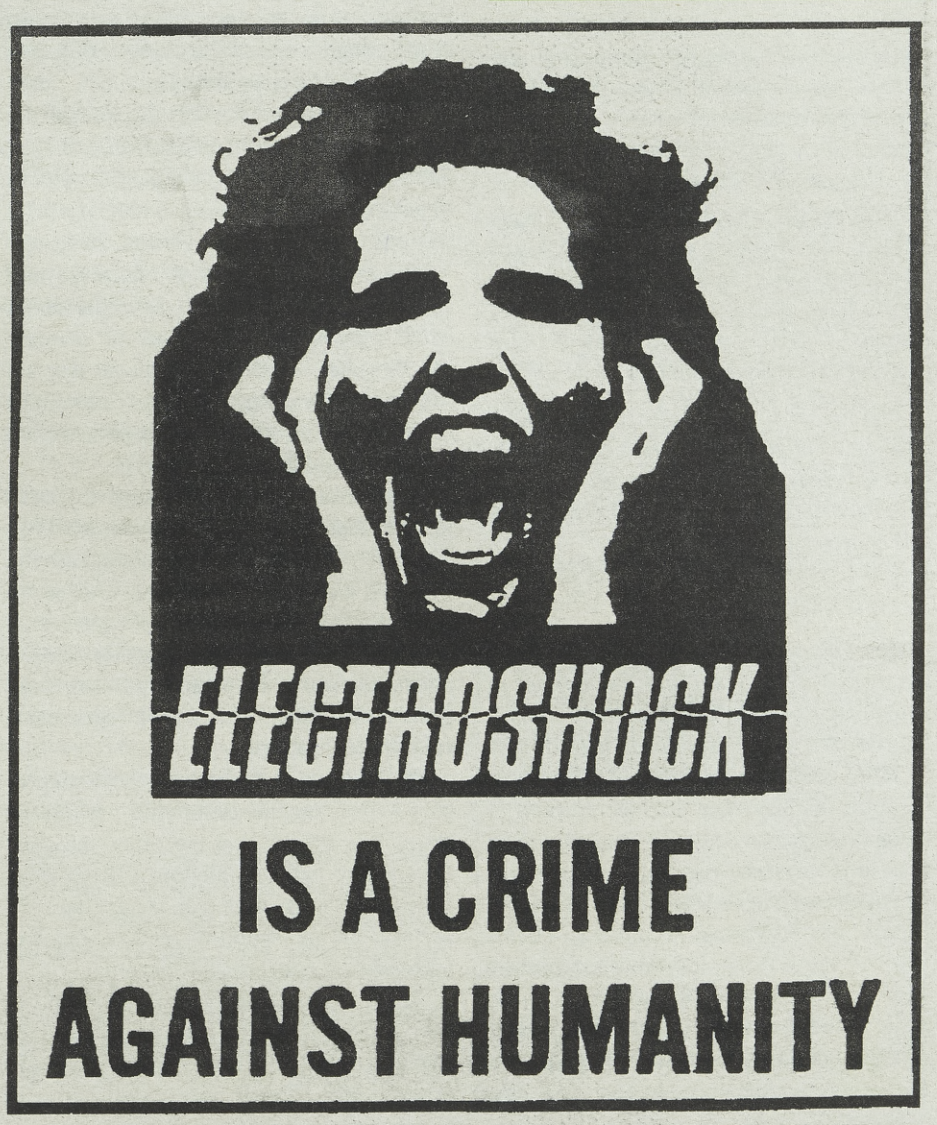
Some personal background will be helpful in understanding my perspective on electroshock. I was born in 1932 in Brooklyn and was raised there. After graduating from the Wharton School at the University of Pennsylvania, I served in the U.S. Army and then worked as a real estate salesman for several years. In 1962, three years after moving to San Francisco, I was diagnosed as a "paranoid schizophrenic," involuntarily institutionalized, and eventually subjected by force to 50 insulin coma and 35 electroconvulsive procedures.

"Combined insulin coma-convulsive treatment" was routinely administered to "schizophrenics" in the United States from the late 1930s through the mid-1960s. The electroconvulsive "treatments" are given while the subject is in the coma phase of the insulin coma "treatments" (sometimes the two procedures are given separately on alternating days). Individual sessions last from four to five hours.

Large doses of injected insulin reduce the blood's sugar content, triggering a physiological crisis manifested in the subject by blood pressure, breathing, heart, pulse, and temperature irregularities; flushing and pallor; "hunger excitement;" incontinence and vomiting; moans and screams (referred to in the professional literature as "noisy excitement"); sobbing, salivation, and sweating; severe restlessness; shaking, spasms and sometimes convulsions.

The crisis intensifies as the subject, after three or four hours, goes into a coma. Brain cell destruction occurs when the blood can no longer provide the sugar essential to the brain's survival; the sugar-starved brain begins feeding on itself for nourishment. The hour-long coma phase of the procedure ends with the administra-

See **Electroshock: A Crime** *page 9*



Psychiatric Drugs: An Assault on the Human Condition

from page one

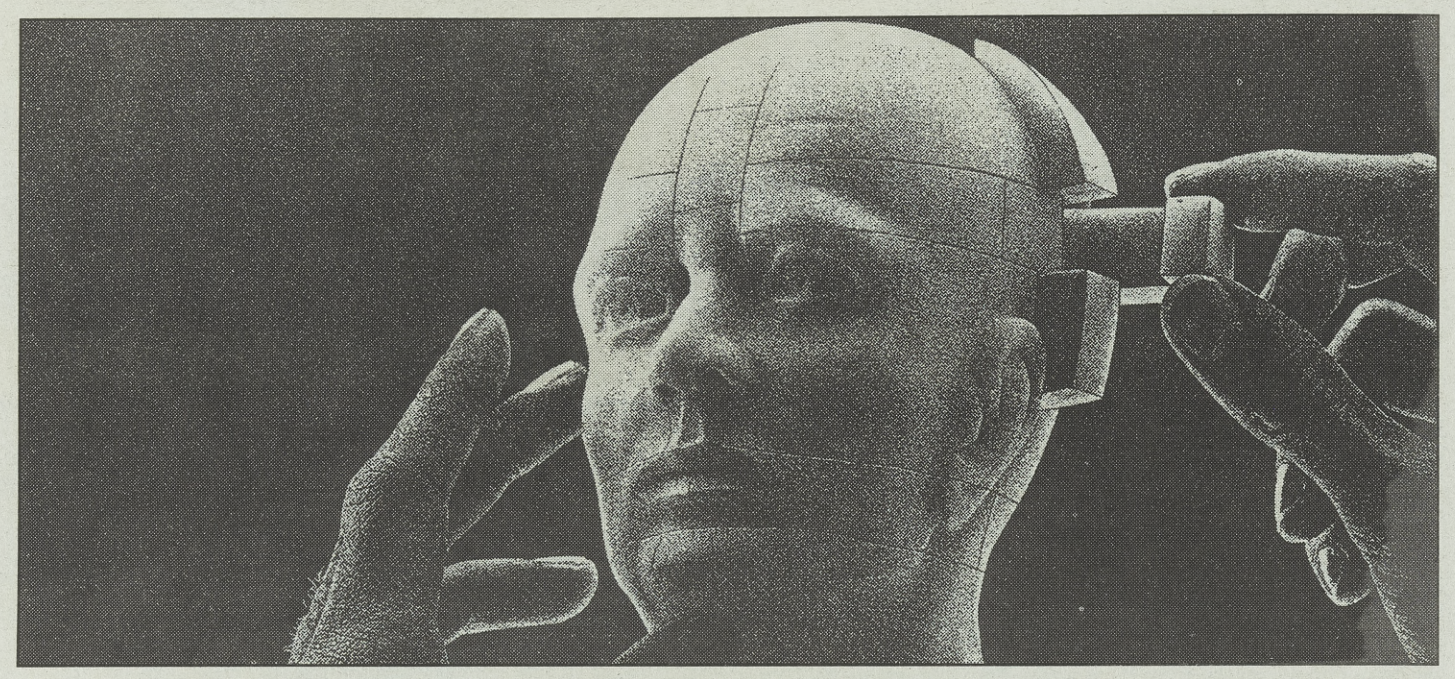
we treated schizophrenia. People used to be locked away forever, and now maybe things weren't great, but they were a lot better. It was a story of progress."

That story of progress was fraudulent, as Whitaker soon found out when he gained new insight from his research into torturous psychiatric practices such as electroshock, lobotomy, insulin coma, and neuroleptic drugs.

Psychiatrists told the public that these techniques "cured" psychosis or balanced the chemistry of the brain. But, in reality, the common thread in all these different treatments was the attempt to suppress "mental illness" by deliberately damaging the higher functions of the brain.

The stunning truth is that, behind closed doors, the psychiatric establishment itself labeled these treatments as "brain-damaging therapeutics."

The first generation of antipsychotic drugs created a drug-induced brain pathology by blocking the neurotransmitter dopamine and essentially shutting down many higher brain functions. In fact, when antipsychotics such as Thorazine and Haldol were first introduced, psychiatrists themselves said that these neuroleptic drugs were virtually indistinguishable from a "chemical lobotomy."



Through the use of brain-damaging antipsychotic drugs, psychiatrists deliberately disable the higher functions of the mind.

In recent years, the media have heralded the arrival of so-called designer drugs like Prozac, Paxil and Zyprexa that are supposed to be superior and have fewer side effects than the old tricyclic antidepressants and the first antipsychotics. Millions of Americans have believed this story and have enriched drug companies like Eli Lilly by spending billions of dollars annually to purchase these new medications.

Whitaker's research into the tragic cases of disease, suffering and early deaths caused by these new drugs shows that millions of consumers have been misled by a massive campaign of lies, distortions, and bought-and-paid-for drug trials.

Eminent medical researchers who have tried to warn us of the perils of these drugs have been silenced, intimidated and defamed. In the process, the Food and Drug Administration has become the lapdog of the giant pharmaceutical industry, not its watchdog.

Street Spirit interviewed Robert Whitaker about this new "epidemic" of mental disorders, and how the giant drug companies have profited from selling drugs that make us sicker.

Street Spirit Interview with Robert Whitaker

Interview by Terry Messman

Street Spirit: *Your new line of research indicates that there has been an enormous rise in the incidence of mental illness in the United States, despite the seeming advances in a new generation of psychiatric drugs. Why do you refer to this increase as an epidemic?*

Robert Whitaker: Even people like the psychiatrist E. Fuller Torrey wrote a book recently in which he said it looks like we're having an epidemic of mental illness. When the National Institute of Mental Health publishes its figures on the incidence of mental illness, you see these rising numbers of mentally ill people. Some recent reports even say that 20 percent of Americans now are mentally ill.

So what I wanted to do was two-fold. I wanted to look into exactly how dramatic is this increase in mental illness, and particularly severe mental illness. Part of this rise in the number of people said to be mentally ill is just definitional. We draw a big wide boundary today and we throw all sorts of people into that category of mentally ill. So children who are not sitting neatly enough in their school rooms are said to have attention deficit hyperactivity disorder (ADHD), and we created a new disorder called social anxiety disorder.

SS: *So what used to be called simply shyness or anxiety in relating to people is now labeled a mental disorder and you supposedly need an antidepressant like Paxil for social anxiety disorder.*

RW: Exactly. And you need a stimulant like Ritalin for ADHD.

SS: *This increases psychiatry's clients, but doesn't it also increase the number of people that giant pharmaceutical companies can sell their psychiatric drugs to?*

RW: Absolutely. So part of what we're seeing is nothing more than the creation of a larger market for drugs. If you think about it, as long as we draw as big a circle as possible, and expand the boundaries of mental illness, psychiatry can have more clients and sell more drugs. So there's a built-in economic incentive to define mental illness in as broad terms as possible, and to find ordinary, distressing emotions or behaviors that some people may not like and label them as mental illness.

SS: *Your research also shows that there is a real increase in people who have a severe mental disorder. Now, this seems counterintuitive, but is it true that you believe much of this increase is caused by the overuse of some of the new generations of psychiatric drugs?*

RW: Yes, exactly. I looked at the number of the so-called severely disabled mentally ill — people who aren't working or who are somehow dysfunctional because of mental illness. So I wanted to chart through history the percentage of the population who are considered the disabled mentally ill.

Now, by 1903, we see that roughly 1 out of every 500 people in the United States is hospitalized for mental illness. By 1955, at the start of the modern era of psychiatric drugs, roughly one out of every 300 people was disabled by mental illness.

Now, let's go to 1987, the end of the first generation of antipsychotic drugs; and from 1987 forward we get the modern psychiatric drugs. From 1955 to 1987, during this first era of psychiatric drugs — the antipsychotic drugs Thorazine and Haldol and the tricyclic antidepressants (such as Elavil and Anafranil) — we saw the number of disabled mentally ill increase four-fold, to the point where roughly one out of every 75 persons are deemed disabled mentally ill.

Now, there was a shift in how we cared for the disabled mentally ill between 1955 and 1987. In 1955, we were hospitalizing them. Then, by 1987, we had gone through social change, and we were now placing people in shelters, nursing homes, and some sort of community care, and gave them either SSI or SSDI payments for mental disability.

In 1987, we started getting these supposedly better, second-generation psychiatric drugs like Prozac and the other selective serotonin re-uptake inhibitor (SSRI) antidepressants. Shortly after that, we get the new, atypical antipsychotic drugs like Zyprexa (olanzapine), Clozaril and Risperdal.

What's happened since 1987? Well, the disability rate has continued to increase until it's now one in every 50 Americans. Think about that: One in every 50 Americans disabled by mental illness today. And it's still increasing.

The psychiatric drug industry brings billions of dollars in wealth in terms of increased stock prices to the owners and managers of those companies. It's all a big gravy train. Unfortunately, the cost is dishonesty in our scientific literature, the corruption of the FDA, and the absolute harm done to children in this country drawn into this system.

The number of mentally disabled people in the United States has been increasing at the rate of 150,000 people per year since 1987. That's an increase every day over the last 17 years of 410 people per day newly disabled by mental illness.

SS: *So that leads to the obvious question. If psychiatry has introduced these so-called wonder drugs like Prozac and Zoloft and Zyprexa, why is the incidence of mental illness going up dramatically?*

RW: That's exactly it. This is a scientific question. We have a form of care where we're using these drugs in an ever more expansive manner, and supposedly we have better drugs and they're the cornerstone of our care, so we should see decreasing disability rates. That's what your expectation would be.

Instead, from 1987 until the present, we saw an increase in the number of mentally disabled people from 3.3 million people to 5.7 million people in the United States. In that time, our spending on psychiatric drugs increased to an amazing degree. Combined spending on antipsychotic drugs and antidepressants jumped from around $500 million in 1986 to nearly $20 billion in 2004.

So we raise the question: Is the use of these drugs somehow actually fueling this increase in the number of the disabled mentally ill? When you look at the research literature, you find a clear pattern of outcomes with all these drugs — you see it with the antipsychotics, the antidepressants, the anti-anxiety drugs and the stimulants like Ritalin used to treat ADHD. All these drugs may curb a target symptom slightly more effectively than a placebo does for a short period of time, say six weeks. An antidepressant may ameliorate the symptoms of depression better than a placebo over the short term.

What you find with every class of these psychiatric drugs is a worsening of the target symptom of depression or psychosis or anxiety over the long term, compared to placebo-treated patients. So even on the target symptoms, there's greater chronicity and greater severity of symptoms. And you see a fairly significant percentage of patients where new and more severe psychiatric symptoms are triggered by the drug itself.

SS: *New psychiatric symptoms created by the very drugs people are told will help them recover?*

RW: Absolutely. The most obvious case is with the antidepressants. A certain percentage of people placed on the SSRIs because they have some form of depression will suffer either a manic or psychotic attack — drug-induced. This is well recognized. So now, instead of just dealing with depression, they're dealing with mania or psychotic symptoms. And once they have a drug-induced manic episode, what happens? They go to an emergency room, and at that point they're newly diagnosed. They're now said to be bipolar and they're given an antipsychotic to go along with the antidepressant; and, at that point, they're moving down the path to chronic disability.

SS: *Modern psychiatry claims that these psychiatric drugs correct pathological brain chemistry. Is there any evidence to back up their claim that abnormal brain chemistry is the culprit in schizophrenia and depression?*

RW: This is the key thing everyone needs to understand. It really is the answer that unlocks this mystery of why the drugs would have this long-term problematic effect. Start with schizophrenia. They hypothesize that these drugs work by correcting an imbalance of the neurotransmitter dopamine in the brain.

The theory was that people with schizo-

See **Psychiatric Drugs** *page 3*

Exposing the Untold History of Psychiatric Atrocities

by Terry Messman

The growing problems of psychiatric abuses and brain-damaging drugs are now a matter of grave concern for poor, homeless and disabled people, and those who are concerned about them.

This issue of *Street Spirit* takes an in-depth look at the whole issue of psychiatric mistreatment and atrocities, and exposes the faulty scientific assumptions that underlie psychiatric "therapies" that purposely damage the higher functions of the brain. The articles in this issue add up to a damning indictment of psychiatric practices which are perpetrated in the name of healing, yet often end up damaging and disabling people for life.

The articles and interviews in this special issue on psychiatric abuses span the last five years and all are absolutely timely and vital for the public to comprehend.

This issue includes two in-depth interviews with Robert Whitaker, one of the most important investigative journalists exposing these practices. His first interview focuses on the deliberate epidemic of serious brain damage caused by the new "wonder drugs" such as Prozac, Paxil, Zoloft and Zyprexa. The second interview with Whitaker traces the history of psychiatric mistreatment in America and is a stunning exposé of the shameful and barbaric practices of this profession.

These interviews with Whitaker are the two most requested and widely reprinted articles in *Street Spirit's* history. We have published them both in full in this issue so Whitaker's amazing and groundbreaking investigative work can be made more easily accessible to the widest audience.

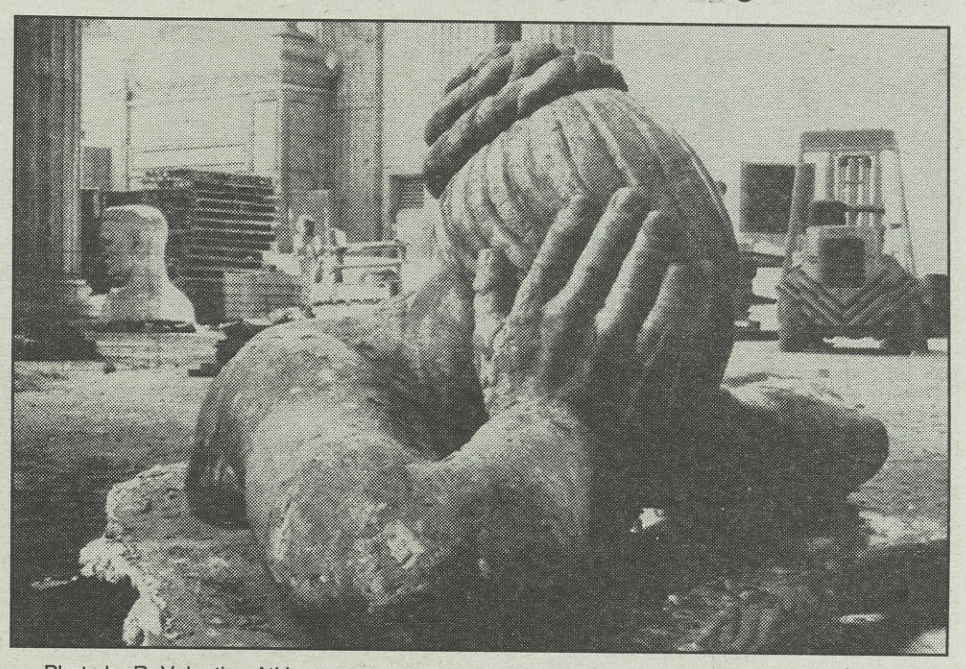


Photo by R. Valentine Atkinson, reprinted from *The History of Shock Treatment*, by Leonard Roy Frank

This issue also gathers some of the most important recent articles of Leonard Roy Frank, a greatly admired writer on psychiatric abuses who experienced at first-hand, as a young man, the nightmare of electroshock and insulin coma therapy.

Leonard Roy Frank lived through these nightmarish experiences to become a powerful and eloquent voice speaking out for an end to these torturous practices. For decades, he has championed the rights of other psychiatric survivors. In this issue, we profile his journey from electroshock — or electroconvulsive brainwashing, as he calls it — to nonviolent resistance against psychiatric cruelty. This issue collects some of his most important and revelatory writings on electroshock and the dismaying level of disease and fatalities caused by widely prescribed psychiatric drugs.

How psychiatric abuses impact the homeless community

Because the issue of psychiatric abuse is of great concern to the homeless community, *Street Spirit* broke the story about the shocking mistreatment of low-income and homeless psychiatric patients at East Bay Hospital in Richmond. Our reporting helped close that cruel dungeon. *Street Spirit* has continued to report on psychiatric injustices in an effort to bring to light the inhumane practices in this poorly regulated and ever-growing industry.

All too often, it is the grim fate of poor and homeless people to end up committed to the worst psychiatric hospitals, and to suffer the greatest neglect and abuse.

Several factors conspire to create this outcome. First, when people were deinstitutionalized from state mental hospitals (also known as snakepits), our society made a promise to set up community-based mental-health centers, supportive housing and therapy programs to enable them to live a life of dignity and independence in their own communities.

All levels of government bailed out of that promise. The result of society's refusal to build a decent system of community mental health care is the abandonment of hundreds of thousands of people to a perilous existence on the streets, supported at best by a pitifully small SSI check.

Second, the hardships, malnutrition, sleep deprivation and unbelievable stresses of street life can undermine the most stable person's mental state.

Third, poor people are sent to hospitals of last resort because they often have no medical insurance, no family to help and no stable residence. A homeless person who undergoes a psychological crisis on the city streets is a sitting duck to be picked up by the police and involuntarily committed to an inner-city psych ward. Society sets them up for this fall.

The homeless movement and the psychiatric survivors movement are indissolubly linked — linked by shared oppression, by discrimination, and by a common need for housing, health care and human rights. The fight against psychiatric abuses is part and parcel of the fight for freedom, civil rights, dignity, and decent health care for all.

Psychiatric Drugs
An Assault on the Human Condition

from page 2

The reports were showing Prozac could trigger a lot of dangerous events, including suicide and psychosis. The FDA was being warned about this. It took a decade for the FDA to begin to acknowledge the increased suicides and the violence it can trigger in some people. It just shows how the FDA betrayed the American people.

phrenia had overactive dopamine systems; and these drugs, by blocking dopamine in the brain, fixed that chemical imbalance. Therefore, you get the metaphor that they're like insulin is for diabetes; they're fixing an abnormality. With the antidepressants, the theory was that people with depression had too low levels of serotonin; the drugs upped the levels of serotonin in the brain and therefore they're balancing the brain chemistry.

First of all, those theories never arose from investigations into what was actually happening to people. Rather, they would find out that antipsychotics blocked dopamine and so they *theorized* that people had overactive dopamine systems. Same with the antidepressants. They found that antidepressants upped the levels of serotonin; therefore, they theorized that people with depression must have low levels of serotonin.

But here is the thing that one wishes all of America would know and wishes psychiatry would come clean on: They've never been able to find that people with schizophrenia have overactive dopamine systems. They've never been able to find that people with depression have underactive serotonin systems.

They've never found consistently that any of these disorders are associated with any chemical imbalance in the brain. The story that people with mental disorders have known chemical imbalances — that's a lie. We don't know that at all. It's just something that they say to help sell the drugs and help sell the biological model of mental disorders.

But the kicker is this. We do know, in fact, that these drugs perturb how these chemical messengers work in the brain. The real paradigm is: People diagnosed with mental disorders have no known problem with their neurotransmitter systems; and these drugs perturb the normal function of neurotransmitters.

SS: *So rather than fixing a chemical imbalance, these drugs distort the brain chemistry and make it pathological.*

RW: Absolutely. Stephen Hyman, a well-known neuroscientist and the former director of the National Institute of Mental Health, wrote a paper in 1996 that looked at how psychiatric drugs affect the brain. He wrote that all these drugs create perturbations in neurotransmitter functions. And he notes that the brain, in response to this drug from the outside, alters its normal functions and goes through a series of compensatory adaptations. In other words, it tries to adapt to the fact that an antipsychotic drug is blocking normal dopamine functions. Or in the case of antidepressants, it tries to compensate for the fact that you're blocking a normal reuptake of serotonin. The way it does this is to adapt in the opposite way.

So, if you're blocking dopamine in the brain, the brain tries to put out more dopamine and it actually increases the number of dopamine receptors. So a person placed on antipsychotic drugs will end up with an abnormally high number of dopamine receptors in the brain.

If you give someone an antidepressant, and that tries to keep serotonin levels too high in the brain, it does exactly the opposite. It stops producing as much serotonin as it normally does and it reduces the number of serotonin receptors in the brain. So someone who is on an antidepressant, after a time ends up with an abnormally low level of serotonin receptors in the brain. Hyman concluded that, after these changes happened, the patient's brain is functioning in a way that is "qualitatively as well as quantitatively different from the normal state." So what Stephen Hyman, former head of the NIMH, has done is present a paradigm for how these drugs affect the brain that shows that they're inducing a pathological state.

SS: *So the paradox is there's no evidence for psychiatry's claim that a pathological biochemical imbalance in the brain causes mental illness, but if you treat people with the new wonder drugs, that does create a pathological imbalance.*

RW: Yes, these drugs disrupt normal brain chemistry. That's the real paradox here. And the real tragedy is, that even as we peddle these drugs as chemical balancers, chemical fixers, in truth we're doing precisely the opposite. We're taking a brain that has no known abnormal brain chemistry, and by placing people on the drugs, we're perturbing that normal chemistry.

Here's how Barry Jacobs, a Princeton neuroscientist, describes what happens to a person given an SSRI antidepressant. "These drugs," he said, "alter the level of synaptic transmission beyond the physiologic range achieved under normal environmental biological conditions. Thus, any behavioral or physiologic change produced under these conditions might more appropriately be considered pathologic rather than reflective of the normal biological role of serotonin."

SS: *One of the SSRI antidepressants that's widely believed to be a wonder drug is Prozac. Yet your research found that the Food and Drug Administration (FDA) received more adverse reports about Prozac than any other drug. What sort of ill effects were people reporting?*

RW: First of all, with Prozac and the SSRIs that followed, their level of efficacy was always of a very minor sort. In all the clinical trials of the antidepressants, roughly 41 percent of the patients got better in the short term versus 31 percent of the patients on placebo. Now just one other caveat on that. If you use an active placebo in these trials — an active placebo causes a physiologic change with no benefit, like a dry mouth — any difference in outcome between the antidepres-

See **Psychiatric Drugs** *page 4*

Street Spirit

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Psychiatric Drugs
An Assault on the Human Condition

from page 3

sant and placebo virtually disappears.

SS: *Weren't the early drug tests of Prozac so unpromising that they had to manipulate test results to get FDA approval at all?*

RW: What happened with Prozac is a fascinating story. Right from the beginning, they noticed only very marginal efficacy over placebo; and they noticed that they had some problems with suicide. There were increased suicidal responses compared to placebo. In other words, the drugs was agitating people and making people suicidal who hadn't been suicidal before. They were getting manic responses in people who hadn't been manic before. They were getting psychotic episodes in people who hadn't been psychotic before. So you were seeing these very problematic side effects even at the same time that you were seeing very modest efficacy, if any, over placebo in ameliorating depression.

Basically, what Eli Lilly (Prozac's manufacturer) had to do was cover up the psychosis, cover up the mania; and, in that manner, it was able to get these drugs approved. One FDA reviewer even warned that Prozac appeared to be a dangerous drug, but it was approved anyway.

We're seemingly finding all this out only now: "Oh, Prozac can cause suicidal impulses and all these SSRIs may increase the risk of suicide." The point is, that wasn't anything new. That data was there from the very first trial. You had people in Germany saying: "I think this is dangerous drug [sic] gas [sic]."

SS: *Even back in the late 1980s, they already knew?*

RW: Before the late 1980s — in the early '80s, before Prozac gets approved. Basically what Eli Lilly had to do was cover up that risk of mania and psychosis, cover up that some people were becoming suicidal because they were getting this nervous agitation from Prozac. That's the only way it got approved.

There were various ways they did the cover-up. One was just to simply remove reports of psychosis from some of the data. They also went back and recoded some of the trial results. Let's say someone had a manic episode or a psychotic episode; instead of putting that down, they would just put down a return of depression, and that sort of thing. So there was a basic need to hide these risks right from the beginning, and that's what was done.

So Prozac gets approved in 1987, and it's launched in this amazing PR campaign. The pill itself is featured on the cover of several magazines! It's like the Pill of the Year [*laughs*]. And it's said to be so much safer: a wonder drug. We have doctors saying, "Oh, the real problem with this drug is that we can now create whatever personality we want. We're just so skilled with these drugs that if you want to be happy all the time, take your pill!"

That was complete nonsense. The drugs were barely better than placebo at alleviating depressive symptoms over the short term. You had all these problems; yet we were touting these drugs, saying, "Oh, the powers of psychiatry are such that we can give you the mind you want — a designer personality!" It was absolutely obscene. Meanwhile, which drug, after being launched, quickly became the most complained about drug in America? Prozac!

SS: *What were the level of complaints when Prozac hit the market?*

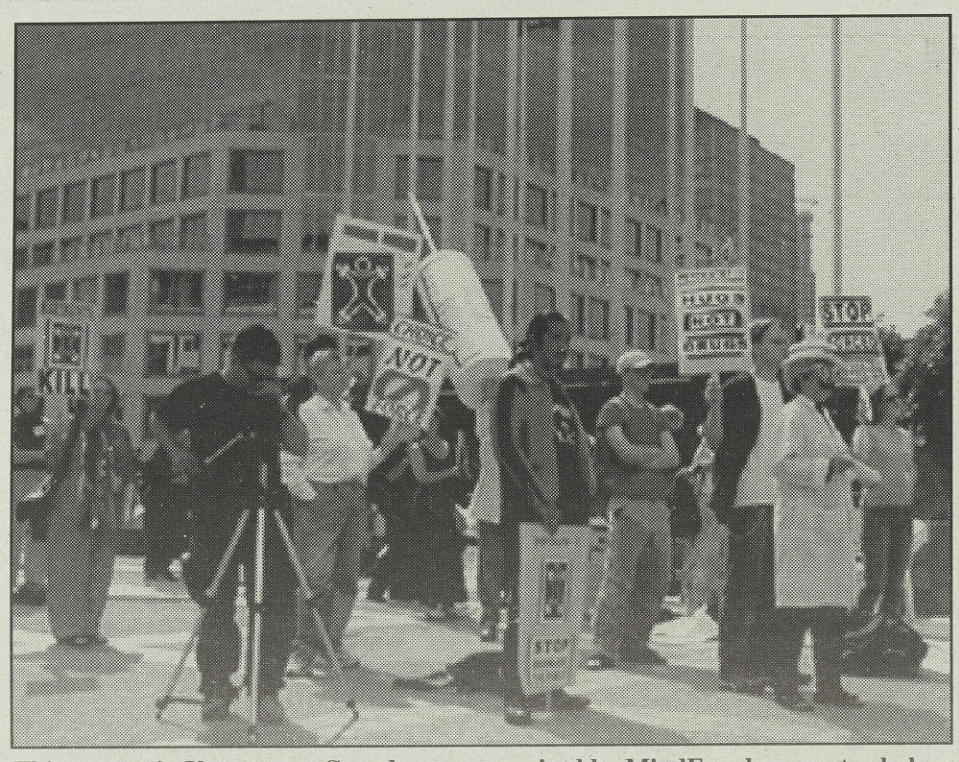
RW: In this county, we have Medwatch, a reporting system in which we report adverse events about psychiatric drugs to the FDA. By the way, the FDA tries to keep these adverse reports from the public. So, instead of the FDA making these easily available to the public, so you can know about the dangers of the drugs, it's very hard to get these reports.

Within one decade, there were 39,000 adverse reports about Prozac that were sent to Medwatch. The number of adverse events sent to Medwatch is thought to represent only one percent of the actual number of such events. So, if we get 39,000 adverse event reports about Prozac, the number of people who have actually suffered such problems is estimated to be 100 times as many, or roughly four million people. This makes Prozac the most complained about drug in America, by far. There were more adverse event reports received about Prozac in its first two years on the market than had been reported on the leading tricyclic antidepressant in 20 years.

Remember, Prozac is pitched to the American public as this wonderfully safe drug, and yet what are people complaining about? Mania, psychotic depression, nervousness, anxiety, agitation, hostility, hallucinations, memory loss, tremors, impotence, convulsions, insomnia, nausea, suicidal impulses. It's a wide range of serious symptoms. And here's the kicker. It wasn't just Prozac. Once we got the other SSRIs on the market, like Zoloft and Paxil, by 1994, four SSRI antidepressants were among the top 20 most complained about drugs on the FDA's Medwatch list. In other words, every one of these drugs brought to market started triggering this range of adverse events. And these were not minor things. When you talk about mania, hallucinations, psychotic depression, these are serious adverse events.

Prozac was pitched to the American public as a wonder drug. It was featured on the covers of magazines as so safe, and as a sign of our wonderful ability to effect the brain just as we want it. In truth, the reports were showing it could trigger a lot of dangerous events, including suicide and psychosis.

The FDA was being warned about this. They were getting a flood of adverse event reports, and the public was never told about this for the longest period of time. It took a decade for the FDA to begin to acknowledge the increased suicides and the violence it can trigger in some people. It just shows how the FDA betrayed the American people. This is a classic example. They betrayed their responsibility to act as a watchdog for the American people. Instead they acted as an agency that covered up harm and risk with these drugs.



This protest in Vancouver, Canada, was organized by MindFreedom.org to challenge globalization of abuses by the psychiatric drug industry.

This is a tragic scandal of monumental proportions. You cannot believe the percentage of youth who have been told they were mentally ill as kids, that something was wrong with them. It's absolutely cruel to be telling kids that they have these broken brains and mental illnesses.

SS: *In light of the FDA's failure to warn us about Prozac, what about their recent negligence on the issue of the risk of suicide in children given antidepressants like Paxil? Weren't England's mental health officials far better than their American counterparts in the FDA in warning about the dangers of suicide attempts when antidepressants are given to youth?*

RW: Yes. The children's story is unbelievably tragic. It's also a really sordid story. Let's go back a little to see what happened to children and antidepressants. Prozac comes to market in 1987. By the early 1990s, the pharmaceutical companies making these drugs are saying, "How do we expand the market for antidepressants?" Because that's what drug companies do — they want to get to an ever-larger number of people.

They saw they had an untapped market in kids. So let's start peddling the drugs to kids. And they were successful. Since 1990, the use of antidepressants in kids went up something like seven-fold. They began prescribing them willy-nilly.

Now, whenever they did pediatric trials of antidepressants, they found that the drugs were no more effective on the target symptom of depression than placebo. This happened again and again in the pediatric drug trials of antidepressants. So, what that tells you is there is no real therapeutic rationale for the drugs because in this population of kids, the drugs don't even curb the target symptoms over the short term any better than placebo; and yet they were causing all sorts of adverse events.

For example, in one trial, 75 percent of youth treated with antidepressants suffered an adverse event of some kind. In one study by the University of Pittsburgh, 23 percent of children treated with an SSRI developed mania or manic-like symptoms; an additional 19 percent developed drug-induced hostility.

The clinical results were telling you that you didn't get any benefit on depression; and you could cause all sorts of real problems in kids — mania, hostility, psychosis, and you may even stir suicide. In other words, don't use these drugs, right? It was absolutely covered up.

SS: *How was it covered up?*

RW: We had psychiatrists — some of those obviously getting money from the drug companies — saying the kids are under-treated and they're at risk of suicide and how could we possibly treat kids without these pills and what a tragedy it would be if we couldn't use these antidepressants.

Finally, a prominent researcher in England, David Healy, started doing his own research on the ability of these drugs to stir suicide. He also managed to get access to some of the trial results and he blew the whistle. He first blew the whistle in England and he presented this data to the review authorities there. And they saw that it looks like these drugs are increasing the risk of suicide and there are really no signs of benefits on the target symptoms of depression. So they began to move there to warn doctors not to prescribe these drugs to youth.

What happens in the United States? Well, it's only after there's a lot of pressure put on the FDA that they even hold a hearing. The FDA sort of downplays the risk of these drugs. They're slow to even put black box warnings on them. Why? Aren't kids lives worth protecting? If we know that we have a scientifically shown risk that these drugs increase suicide, shouldn't you at least warn about it? But the FDA was even digging in its heels about putting that black box warning on the drugs.

SS: *If Prozac is the nation's most complained about drug, if Paxil is shown to be a suicide risk for youth, how do these antidepressants continue to have a reputation as near-magic cures for depression? And why did the FDA failed to warn us about Paxil and Prozac for such a long time?*

RW: There's a couple reasons for that. The FDA's funding changed in the 1990s. An act was passed in which a lot of the FDA's funding came from the drug industry: the PDUFA Act or Prescription Drug User Fee Act. Basically, when drug companies applied for FDA approval they had to pay a fee. Those fees became what is funding a large portion of the FDA's review of drug applications.

So all of a sudden, the funding is coming from the drug industry, it's no longer coming from the people. As that act comes up for renewal, basically the drug lobbyists are telling the FDA that their job is no longer to be critically analyzing drugs, but to approve drugs quickly. And that was part of Newt Gingrich's thing: Your job is to get these drugs to market. Start partnering with the drug industry and facilitating drug development. We lost this idea that the FDA had a watchdog role.

Also, a lot of people who work for the FDA leave there and end up going to work for the drug companies. The old joke is that the FDA is sort of like a showcase for a future job in the drug industry. You go there, you work awhile, then you go off into the drug industry. Well, if that's the progression that people make, in essence they're making good old boy network connections, so they're not going to be so harsh on the drug companies.

So, that's what really happened in the 1990s. The FDA was given new marching orders. The orders were: "Facilitate getting drugs to market. Don't be too critical. And, in fact, if you want to keep your funding, which was coming now from the drug industry, make sure you take these lessons to heart."

SS: *So the giant pharmaceutical companies have a vast amount of power to cook the results of drug tests and make researchers and even the FDA itself bow to their will?*

RW: The FDA, in essence, was kneecapped in the early 1990s, and we really saw it with the psychiatric drugs. The FDA became a lapdog for the phar-

See **Psychiatric Drugs** *page 5*

Psychiatric Drugs
An Assault on the Human Condition

from page 4

maceutical industry, not a watchdog. It's only now that this has become common knowledge. We have Marcia Angell, the former editor of the *New England Journal of Medicine,* write a book in which she says that the FDA became a lapdog. It's basically now well recognized that you had this decline and fall.

As the editor of the *New England Journal of Medicine,* the most prestigious medical journal we have, Marcia Angell is someone who was at the very heart of American medicine, and she concluded that the FDA let down the American people. And she lost her job at the *New England Journal of Medicine* for starting to criticize pharmaceutical companies.

She was the editor of the journal in the late 1990s and there was a corresponding doctor named Thomas Bodenheimer who decided to write an article about how you couldn't even trust what was published in the medical journals anymore because of all the spinning of results.

So they did an investigation about how the pharmaceutical companies are funding all the research and spinning the trial results, so you can no longer really trust what you read in scientific journals. They pointed out that when they tried to get an expert to review the scientific literature related to antidepressants, they basically couldn't find someone who hadn't taken money from the drug companies.

Now, the *New England Journal of Medicine* is published by the Massachusetts Medical Society which publishes a lot of other journals, and they get a lot of pharmaceutical advertising. So what happens after that article appears by Thomas Bodenheimer and an accompanying editorial by Marcia Angell about the sorry state of American medicine because of this? They both lose their jobs! She's gone and so is Thomas Bodenheimer.

Think about this. We have the leading medical journal firing people, letting them go, because they dared to criticize the dishonest science and the dishonest process that was poisoning the scientific literature.

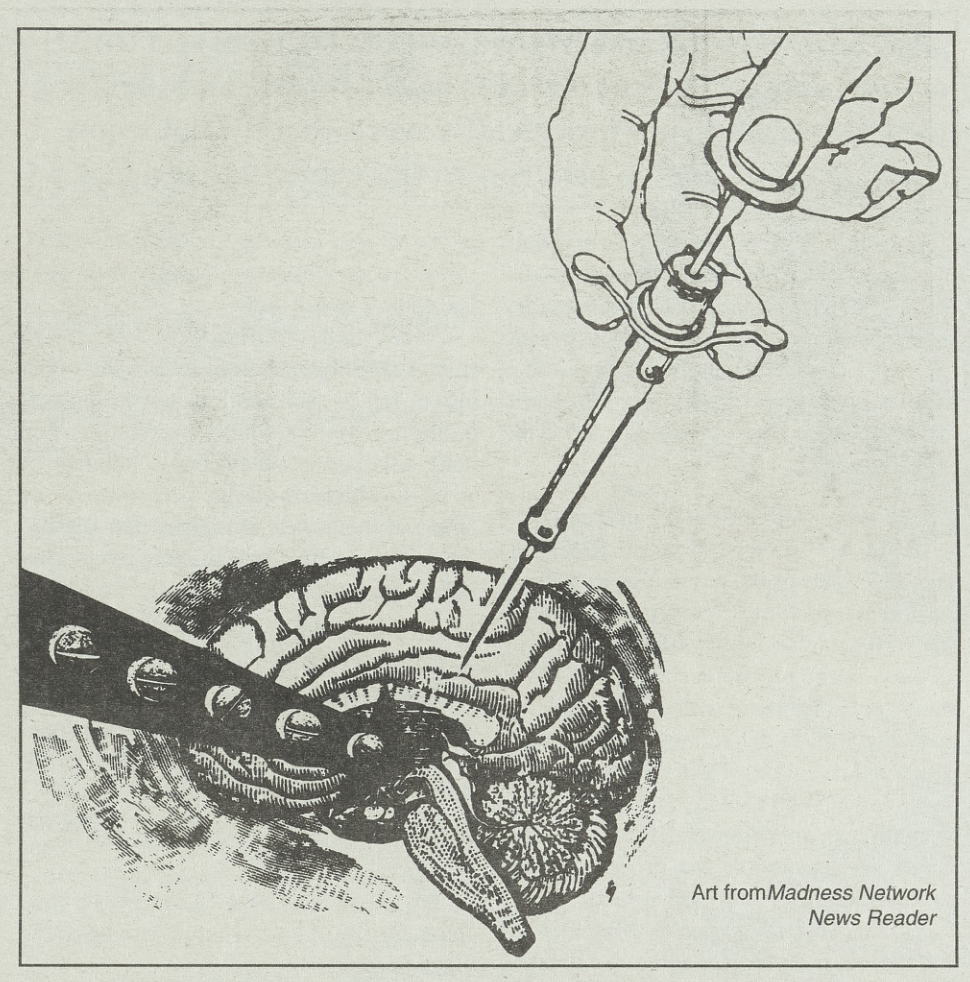
So we have the FDA acting as lapdogs. You can't trust the scientific literature. All this shows how the American public was betrayed and didn't know about all the problems with these drugs and why it was kept from them. It has to do with money, prestige and old boy networks.

SS: *It also has to do with the silencing of critics. Eli Lilly uses the media to trumpet Prozac's benefits and gives perks to doctors to attend conferences to hear about its benefits, and buys off researchers. But don't they also use their power and money to silence their critics?*

RW: An example is Dr. Joseph Glenmullen, a psychiatrist who also works for Harvard University Health Services, and who wrote a book called *Prozac Backlash* to warn about the dangers of Prozac. He's finding that the drugs are being overused and cause severe side effects. He even raises questions about long-term memory problems with the drugs and cognitive dysfunction.

Well, Eli Lilly then mounted a public relations campaign to try to discredit him. They sent out notices to the media questioning his affiliation with Harvard Medical School, etc. It was all about silencing the critics.

If you sing the tune that the drug companies want, at the very top levels, you get paid a lot of money to fly around and give presentations about the wonders of the drugs. And those who come, and don't ask any embarrassing questions, get the lobster dinners and maybe they get a little honorarium for attending this educational meeting. So if you want to be part of this gravy train, you can. You sing the wonders of the drug, and you don't talk about their nasty side effects, and you can get a nice payment as one of their guest speakers, as one of their experts.



Art from *Madness Network News Reader*

Zyprexa causes a whole range of new symptoms. It's more likely to cause diabetes, pancreatic disorders and obesity. In fact, researchers in Ireland reported that since the introduction of the atypical antipsychotics, the death rate among people with schizophrenia has doubled.

But if you're one of the ones saying, "What about the mania, what about the psychosis?" — they do silence you. Look at what happened to David Healy. Healy is even the best example. David Healy has this sterling reputation in England. He's written several books on the history of psychopharmacology. He's like the former Secretary of the Psychopharmacology Association over there. He gets offered a job at the University of Toronto to head up their psychiatry department. So while he's waiting to assume that position at the University of Toronto, he goes to Toronto and delivers a talk on the elevated risk of suicide with Prozac and some of the other SSRIs. By the time he's back home, the job offer has been rescinded.

Now does Eli Lilly donate some money to the University of Toronto? Absolutely. So, to answer your question, yes, Eli Lilly silences dissenters as well.

SS: *What is the story behind the secret settlement between Eli Lilly and the survivors who sued the company after Joseph Wesbecker shot 20 coworkers after being put on Prozac?*

RW: During this trial in which Eli Lilly was being sued, the judge was going to allow some very damaging evidence showing wrongdoing by Eli Lilly in a previous instance. The judge said, "Go ahead and introduce this at the trial."

But next thing you know, they don't introduce this; and in fact, all of a sudden, the plaintiffs no longer are presenting very damaging evidence to make their case. So the judge wonders why they are not presenting their best case anymore. He smells a rat. He suspects Eli Lilly has settled with the plaintiffs secretly and the deal is that, as part of this settlement, the plaintiffs will go ahead with a sham trial so that Eli Lilly will win the trial. Then Eli Lilly can claim, "See our drug doesn't cause people to become violent."

And, indeed, that's what happened. Eli Lilly felt it was going to lose this trial. They went to the plaintiffs and said they would give them a lot of money. They agreed to go ahead and settle the case, but had the plaintiffs go ahead with the trial. That way Eli Lilly can publicly claim that they won the trial and Prozac doesn't cause harm.

SS: *How did this event come to the light of day?*

RW: We would never have known about this except for two things. One, believe it or not, the judge, in essence, appealed the decision in his own court. He said, "I smell a rat." And through that, he found out that there was this secret settlement and that it was a sham proceeding that continued on. He said it was one of the worst violations of the integrity of the legal process that he'd ever seen.

And second, an English journalist named John Cornwell wrote a book called *Power to Harm: Mind, Medicine, and Murder on Trial.* He wrote about this case, and yet in the United States, we got almost no news about this secret settlement and this whole perversion of the legal process. It was an English journalist who was exposing this story.

My point here is this: They silence people like Marcia Angell. They pervert the scientific process. They pervert the legal process. They pervert the FDA drug review process. It's everywhere! And that's how we as a society end up believing in these psychiatric drugs.

You asked the question a while back, "Why do we still believe in Prozac?" One of the reasons is that the story about Prozac is, in effect, maintained. It's publicly maintained because we do all this silencing along all these lines.

The other thing to remember is that some people on Prozac do feel better. That's true. That shows up, just in the same way that some people on placebos feel better. And those are the stories that get repeated: "Oh, I took Prozac and I'm feeling better." It's that select group that does better that becomes the story that is told out there, and the story that the public hears. So that's why we continued to believe in the story of these wonder drugs that are very safe in spite of all this messy stuff that gets covered up.

SS: *Let's now move from the antidepressants like Prozac to consider another new group of supposed wonder drugs — the new antipsychotic drugs. You write that long-term use of antipsychotic drugs — both the original neuroleptic drugs like Thorazine and Haldol and the newer atypicals like Zyprexa and Risperdal — cause pathological changes in the brain that can lead to a worsening of the symptoms of mental illness.*

What changes in brain chemistry result from the antipsychotics, and how can that lead to the most frightening prospect you describe — chronic mental illness that is locked in by these drugs?

RW: This is a line of research that goes across 40 years. This problem of chronic illness shows up time and time again in the research literature. This biological mechanism is somewhat well understood now. The antipsychotics profoundly block dopamine receptors. They block 70-90 percent of the dopamine receptors in the brain. In return, the brain sprouts about 50 percent extra dopamine receptors. It tries to become extra sensitive.

So in essence you've created an imbalance in the dopamine system in the brain. It's almost like, on one hand, you've got the accelerator down — that's the extra dopamine receptors. And the drug is the brake trying to block this. But if you release that brake, if you abruptly go off the drugs, you now do have a dopamine system that's overactive. You have too many dopamine receptors. And what happens? People that go abruptly off of the drug, do tend to have severe relapses.

SS: *So people treated with antipsychotic drugs have a far greater tendency to relapse, and have new episodes of mental illness, as opposed to people who have had other kinds of non-drug therapies?*

RW: Absolutely, and that was understood by 1979, that you were actually increasing the underlying biological vulnerability to the psychosis. And by the way, we sort of understood that if you muck with the dopamine system, that you could cause some symptoms of psychosis with amphetamines. So if you give someone amphetamines enough, they're at increased risk of psychosis. This is well known. And what do amphetamines do? They release dopamine. So there is a biological reason why, if you're mucking up the dopamine system, you're increasing the risk of psychosis. That's in essence what these antipsychotic drugs do, they muck up the dopamine system.

Here's just one real powerful study on this: Researchers with the University of Pittsburgh in the 1990s took people newly diagnosed with schizophrenia, and they started taking MRI pictures of the brains of these people. So we get a picture of their brains at the moment of diagnosis, and then we prepare pictures over the next 18 months to see how those brains change. Now during this 18 months, they are being prescribed antipsychotic medications, and what did the researchers report?

They reported that, over this 18-month period, the drugs caused an enlargement of the basal ganglia, an area of the brain that uses dopamine. In other words, it creates a visible change in morphology, a change in the size of an area of the brain, and that's abnormal. That's number one. So we have an antipsychotic drug causing an abnormality in the brain.

Now here's the kicker. They found that as that enlargement occurred, it was associated with a worsening of the psychotic symptoms, a worsening of negative symptoms. So here you actually have, with modern technology, a very powerful study.

By imaging the brain, we see how an outside agent comes in, disrupts normal chemistry, causes an abnormal enlargement of the basal ganglia, and that enlargement causes a worsening of the very symptoms it's supposed to treat.

See **Psychiatric Drugs** *page 6*

Psychiatric Drugs
An Assault on the Human Condition

They silence people like Marcia Angell. They pervert the scientific process. They pervert the legal process. They pervert the FDA drug review process. It's everywhere! That's how we as a society end up believing in these psychiatric drugs.

from page 5

Now that's actually, in essence, a story of a disease process — an outside agent causes abnormality, causes symptoms…

SS: *But in this case, the outside agent that triggers the disease process is the supposed cure for the disease! The psychiatric drug is the disease-causing agent.*

RW: That's exactly right. It's a stunning, damning finding. It's the sort of finding you would say, "Oh Christ, we should be doing something different." Do you know what those researchers got new grants for, after they reported that?

SS: *No, what? You'd guess they got funding to carry out these same studies on other classes of psychiatric drugs.*

RW: They got a grant to develop an implant, a brain implant, that would deliver drugs like Haldol on a continual basis! A grant to develop a drug delivery implant so you could implant this in the brains of people with schizophrenia and then they wouldn't even have a chance not to take the drugs!

SS: *Unbelievable. Designing an implant to provide a constant dose of a drug that they had just discovered causes pathology in the brain chemistry.*

RW: Right, they had just found that they're causing a worsening of symptoms! So why would you go on to a design a permanent implant? Because that's where the money was. And no one wanted to deal with this horrible finding of an enlargement of the basal ganglia caused by the drugs, and that is associated with the worsening of symptoms. No one wanted to deal with the fact that when you look at people medicated on antipsychotics, you start to see a shrinking of the frontal lobes. No one wants to talk about that either. They stopped that research.

SS: *What other side effects are caused by prolonged use of the antipsychotics?*

RW: Oh, you get tardive dyskinesia, a permanent brain dysfunction; and akathisia, which is this incredible nervous agitation. You're just never comfortable. You want to sit but you can't sit. It's like you're crawling out of your own skin. And it's associated with violence, suicide and all sorts of horrible things.

SS: *Those kinds of side-effects were notorious with the first generation of antipsychotic drugs, like Thorazine, Haldol and Stelazine. But many people are still touting the new generation of atypical antipsychotics — Zyprexa, Clozaril and Risperdal — as wonder drugs that control mental illness with far fewer side effects. Is that true? What have you found?*

RW: No, it's just complete nonsense. In fact, I think the newer drugs will eventually be seen as more dangerous than the old drugs, if that's possible. As you know, the standard neuroleptics like Thorazine and Haldol have had quite a litany of harm with the tardive dyskinesia and all.

So when we got the new atypical drugs, they were touted as so much safer. But with these new atypicals, you get all sorts of metabolic dysfunctions.

Let's talk about Zyprexa. It has a different profile. So it may not cause as much tardive dyskinesia. It may not cause as many Parkinsonian symptoms. But it causes a whole range of new symptoms. So, for example, it's more likely to cause diabetes. It's more likely to cause pancreatic disorders. It's more likely to cause obesity and appetite-disregulation disorders.

In fact, researchers in Ireland reported in 2003 that since the introduction of the atypical antipsychotics, the death rate among people with schizophrenia has doubled. They have done death rates of people treated with standard neuroleptics and then they compare that with death rates of people treated with atypical antipsychotics, and it doubles. It doubles! It didn't reduce harm. In fact, in their seven-year study, 25 of the 72 patients died.

SS: *What were the causes of death?*

RW: All sorts of physical illnesses, and that's part of the point. You're getting respiratory problems, you're getting people dying of incredibly high cholesterol counts, heart problems, diabetes. With olanzapine (Zyprexa), one of the problems is that you're really screwing up the core metabolic system. That's why you get these huge weight gains, and you get the diabetes. Zyprexa basically disrupts the machine that we are that processes food and extracts energy from that food.

So this very fundamental thing that we humans do is disrupted, and at some point you just see all these pancreatic problems, faulty glucose regulation, diabetes, etc. That's really a sign that you're mucking with something very fundamental to life.

SS: *There's supposedly an alarming increase in mental illness being diagnosed in children. Millions are diagnosed with depression, bipolar and psychotic symptoms, attention deficit hyperactivity disorder, and social anxiety disorder. Is this explosive new prevalence of mental illness among children a real increase, or is it a marketing campaign that enriches the psychiatric drug industry, a bonanza for the pharmaceutical corporations?*

RW: You're touching on something now that is a tragic scandal of monumental proportions. I talk sometimes to college classes, psychology classes. You cannot believe the percentage of youth who have been told they were mentally ill as kids, that something was wrong with them. It's absolutely phenomenal. It's absolutely cruel to be telling kids that they have these broken brains and mental illnesses.

There's two things that are happening here. One, of course, is that it's complete nonsense. As you remember as a kid, you have too much energy or you behave sometimes in not altogether appropriate ways, and you do have these extremes of emotions, especially during your teenage years. Both children and teenagers can be very emotional.

So one thing that's going on is that they take childhood behaviors and start defining behaviors they don't like as pathological. They start defining emotions that are uncomfortable as pathological. So part of what we're doing is pathologizing childhood with straight-out definition stuff. We're pathologizing poverty among kids.

If you're a foster kid, and maybe you drew a bad straw in the lottery of life and are born into a dysfunctional family and you get put into foster care, do you know what happens today? You pretty likely are going to get diagnosed with a mental disorder, and you're going to be placed on a psychiatric drug. In Massachusetts, it's something like 60 to 70 percent of kids in foster care are now on psychiatric drugs.

These kids aren't mentally ill! They got a raw deal in life. They ended up in a foster home, which means they were in a bad family situation, and what does our society do? They say: "You have a defective brain." It's not that society was bad and you didn't get a fair deal. No, the kid has a defective brain and has to be put on this drug. It's absolutely criminal.

Let's talk about bipolar disorder among kids. As one doctor said, that used to be so rare as to be almost nonexistent. Now we're seeing it all over. Bipolar is exploding among kids.

Well, partly you could say that we're just slapping that label on kids more often; but in fact, there is something real going on. Here's what's happening. You take kids and put them on an antidepressant — which we never used to do — or you put them on a stimulant like Ritalin. Stimulants can cause mania; stimulants can cause psychosis.

SS: *And antidepressants can also cause mania, as you pointed out.*

RW: Exactly, so the kid ends up with a drug-induced manic or psychotic episode. Once they have that, the doctor at the emergency room doesn't say, "Oh, he's suffering from a drug-induced episode." He says he's bipolar.

SS: *Then they give him a whole new drug for the mental disorder caused by the first drug.*

RW: Yeah, they give him an antipsychotic drug; and now he's on a cocktail of drugs, and he's on a path to becoming disabled for life. That's an example of how we're absolutely making kids sick.

SS: *It's like society or their schools are trying to make them manageable and they end up putting them on a chemical roller coaster against their will.*

RW: Absolutely.

SS: *An astonishing number of kids are given Ritalin to cure hyperactivity. You write that the effect of Ritalin on the dopamine system is very similar to cocaine and amphetamines.*

RW: Ritalin is methylphenidate. Now methylphenidate affects the brain in exactly the same way as cocaine. They both block a molecule that is involved in the reuptake of dopamine.

SS: *So they both increase the dopamine levels in the brain?*

RW: Exactly, and they do it with a similar degree of potency. Methylphenidate is very similar to cocaine. Now, one difference is whether you're snorting it or if it's in a pill. That partly changes how quickly it's metabolized. But still, it basically affects the brain in the same way.

Now, methylphenidate was used in research studies to deliberately stir psychosis in schizophrenics. Because they knew that you could take a person with a tendency towards psychosis, give them methylphenidate, and cause psychosis.

We also knew that amphetamines, like methylphenidate, could cause psychosis in people who had never been psychotic before. So think about this. We're giving a drug to kids that is known to have the possibility of stirring psychosis. Now, the odd thing about methylphenidate and amphetamines is that, in kids, they sort of have a counterintuitive effect. What does speed do in adults? It makes them more jittery and hyperactive. For whatever reasons, in kids amphetamines will actually still their movements; it will actually keep them in their chairs and make them more focused.

So you've got kids in boring schools. The boys are not paying attention and they're diagnosed with ADHD and put on a drug that is known to stir psychosis. The next thing you know, a fair number of them are not doing well by the time they're 15, 16, 17. Some of those kids talk about how when you're on these drugs for the long term, you start feeling like a zombie; you don't feel like yourself.

SS: *Hollowed-out, blunted emotions. And this is being done to millions of kids.*

RW: Millions of kids! Think about what we're doing. We're robbing kids of their right to be kids, their right to grow, their right to experience their full range of emotions, and their right to experience the world in its full hue of colors. That's what growing up is, that's what being alive is! And we're robbing kids of their right to *be.* It's so criminal. And we're talking about millions of kids who have been affected this way. There are some colleges where something like 40 to 50 percent of the kids arrive with a psychiatric prescription.

For a review of Robert Whitaker's book *Mad In America,* and his analysis of the entire history of psychiatric abuses, see pages 12-13.

SS: *It looks like a huge social-control mechanism. Society gives kids Ritalin and antidepressants to subdue them and make them conform. On the one hand, it's all about social control and conformity. But it also has a huge marketing payoff.*

RW: You're right, it creates customers for the drugs, and hopefully lifelong customers. That's what they're told, aren't they? They're told they are going to be on these drugs for life. And next thing they know, they're on two or three or four drugs.

It's brilliant from the capitalist point of view. It does serve some social-control function. But you take a kid, and you turn them into a customer, and hopefully a lifelong customer. It's brilliant.

We now spend more on antidepressants in this country than the Gross National Product of mid-sized countries like Jordan. It's just amazing amounts of money. The amount of money we spend on psychiatric drugs in this country is more than the Gross National Product of two-thirds of the world's countries.

It's just this incredibly lucrative paradigm of the mind that you can fix chemical imbalances in the brain with these drugs. It works so well from a capitalistic point of view for Eli Lilly. When Prozac came to market, Eli Lilly's value on Wall Street, its capitalization, was around 2 billion dollars. By the year 2000, the time when Prozac was its number-one drug, its capitalization reached 80 billion dollars — a forty-fold increase.

So that's what you really have to look at if you want to see why drug companies have pursued this vision with such determination. It brings billions of dollars in wealth in terms of increased stock prices to the owners and managers of those companies. It also benefits the psychiatric establishment that gets behind the drugs; they do well by this. There's a lot of money flowing in the direction of those that will embrace this form of care. There's advertisements that enrich the media. It's all a big gravy train.

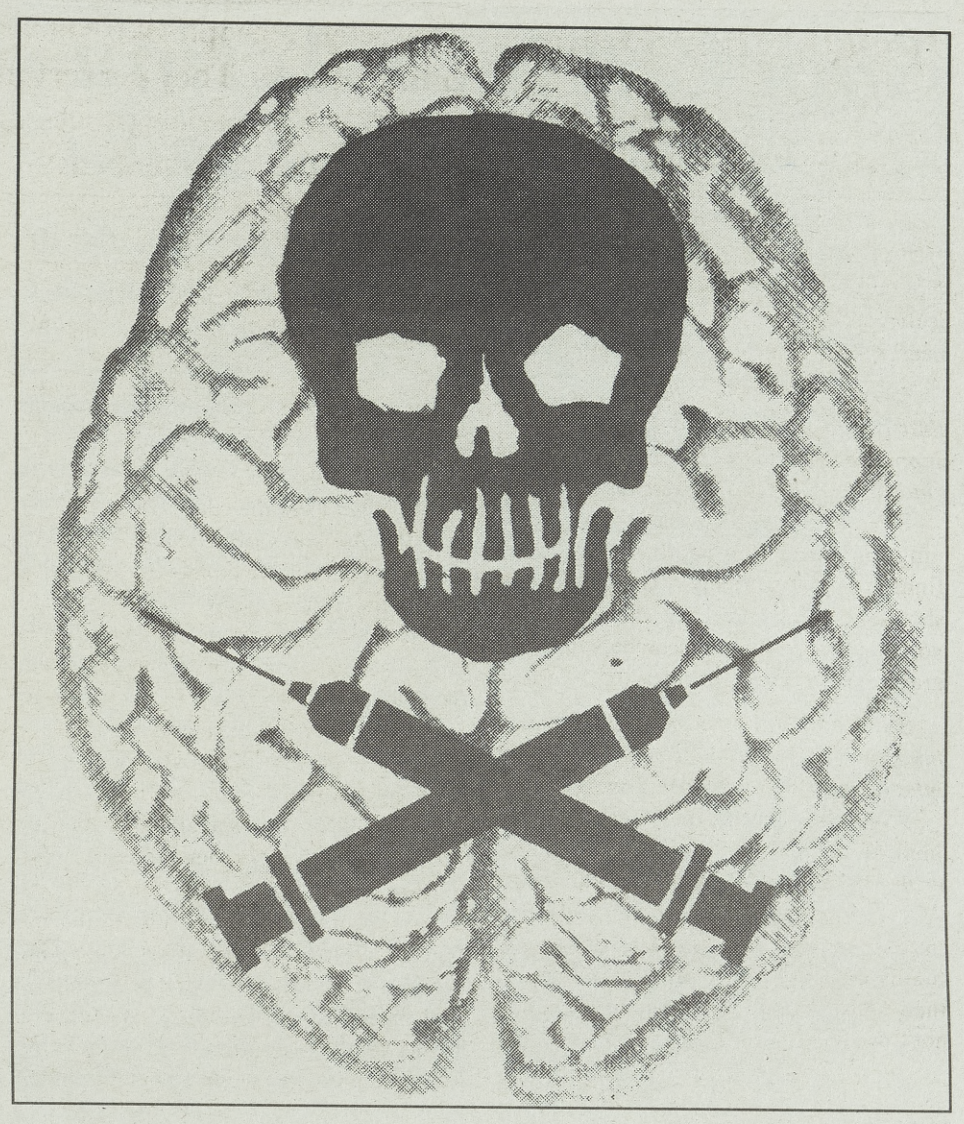
Unfortunately, the cost is dishonesty in our scientific literature, the corruption of the FDA, and the absolute harm done to children in this country drawn into this system, and an increase of 150,000 newly disabled people every year in the United States for the last 17 years. That's an incredible record of harm done.

SS: *Everyone gets rich — the drug companies, the psychiatrists, the researchers, the advertising agencies — and the clients get drugged out of their minds and damaged for life.*

RW: And you know what's interesting? No one says that the mental health of the American people is getting better. Instead, everyone says we have this increasing problem They blame it on the stresses of modern life or something like that, and they don't want to look at the fact that we're *creating* mental illness.

Zyprexa: A Prescription for Diabetes and Disease

Shockingly, these deaths went unreported in the scientific literature. The death cover-ups also took place in reporting trial results of several other atypical antipsychotics. These deaths occurred during very short trial periods, so the FDA's approval of these drugs is appalling.



by Leonard Roy Frank

On June 8, 2005, Eli Lilly & Co. announced that it had agreed to pay $690 million to settle some 8,000 lawsuits filed by people who reported that taking the antipsychotic drug Zyprexa resulted in unwanted weight gain, diabetes, other metabolic diseases, and death.

Zyprexa, Lilly's top-selling drug, is used in the treatment of schizophrenia and in the short-term treatment of manic episodes associated with bipolar disorder.

More than 2,500 other claimants refused to participate in the settlement, presumably in the belief that the amount received by each claimant, $62,500 on average, was insufficient compensation for the pain and suffering Zyprexa caused them.

On July 21, 2005, Eli Lilly came out with its second-quarter financial report showing that $1.07 billion was allocated to cover its liabilities in these lawsuits. That amount exceeded the $690 million settlement by $380 million. The additional sum was the company's estimate of its liability and defense costs for the unsettled claims (reported in Forbes.com, July 21, 2005). News of the settlement may generate more damage claims, in which event the cost to Eli Lilly may be greater than the $1.07 billion already set aside.

According to Eli Lilly, about 17 million people in 86 countries have taken Zyprexa since its introduction in 1996. Although there is no way of accurately estimating the number of Zyprexa's victims, it's safe to say that this drug has caused diabetes and other diseases in millions of people, and that tens of thousands of people have died or will die prematurely.

Despite these facts, the media has paid scant attention to the settlement. Despite these facts, there hasn't been a single voice of outrage or protest heard in the halls of Congress. And despite these facts, Eli Lilly has made no special effort to warn the public of the potentially disastrous consequences of taking Zyprexa as it continues to rake in profits from the sale of this drug.

Zyprexa, whose generic name is olanzapine, belongs to a class of psychiatric drugs known as atypical antipsychotics. Others in this class are Novartis' Clozaril (clozapine), Janssen's Risperdal (risperidone), AstraZeneca's Seroquel (quetiapine), Bristol-Myers Squibb's Abilify (aripiprazole), and Pfizer's Geodon (ziprasidone).

The first atypical antipsychotic, Clozaril, came on the market in 1990. The manufacturers hailed these drugs as more effective and safer than the conventional antipsychotics such as Thorazine (chlorpromazine), Haldol (haloperidol), and Navane (thiothixene), which have been available since the 1950s.

Following expensive marketing and promotional campaigns by the manufacturers of the atypicals, belief in their unsubstantiated claims became widespread, with the result that the companies were able to charge much more for the newer drugs than were being charged for the older ones. Today, a month's supply of Zyprexa costs about $380, 10-30 times more expensive than a month's supply of a conventional antipsychotic.

Total worldwide sales for the antipsychotics have grown from less than $500 million in 1993 (almost all conventional antipsychotics) to more than $14 billion in 2004 (all but $1 billion of which came from atypical antipsychotics).

For more than 10 years, the drug companies have consistently downplayed some of the serious risks associated with taking atypical antipsychotic drugs. Psychiatrist E. Fuller Torrey, a leading proponent of drug therapy for schizophrenics, has written about one of the techniques used to mislead physicians and the public: "Psychiatrists trying to evaluate schizophrenia drugs are not told that the expert who minimizes the side effects of Zyprexa receives a $10,000 retainer from Eli Lilly and also owns substantial company stock." [*American Prospect,* July 15, 2002]

Faced with mounting evidence of their harmfulness, the Food and Drug Administration (FDA) finally required, in 2003, all manufacturers of the atypicals to place on their labels a warning about the increased risk of diabetes for users of these drugs.

Hersh and Hersh, a San Francisco law firm representing some 400 of the claimants in the recent settlement, charged that Eli Lilly "fraudulently withheld relevant information from potential users of Zyprexa" before 2003. Eli Lilly, went the charge, failed to warn doctors and patients that Zyprexa carried terrible and potentially lethal risks from weight gain and diabetes, which the company knew or should have known.

Such warnings might have led doctors to lower dosage levels in prescribing Zyprexa and to regularly test the blood-sugar levels of their Zyprexa patients. They might even have caused some doctors to stop prescribing the drug.

With these precautions, there undoubtedly would have been fewer cases of diabetes and fewer deaths from taking Zyprexa. But truthfulness is not one of Eli Lilly's strong suits when profits are at stake. Telling the truth about Zyprexa would undoubtedly have cut into sales for its blockbuster drug (the fifth best-selling prescription drug in the world), which, in 2004, produced revenues of $4.4 billion, almost a third of the company's total revenues and more than a third of its profits.

The drug is of paramount importance to Eli Lilly's bottom line. The company seems to have developed a Zyprexa addiction, from which withdrawal will be difficult.

Eli Lilly has also realized indirect profits from Zyprexa sales. It's a cruel irony that while the company is filling its coffers by selling a drug that can cause diabetes, four of its top-selling drugs are treatments for diabetes, with Humulin and Humalog each expected to top $1 billion in annual revenues. Eli Lilly gets the customer coming and going.

Potential and current users of the drug, doctors, and the public are still almost totally in the dark about Zyprexa's shameful history.

Based on the results of a six-week clinical trial sponsored by Eli Lilly, the FDA granted the company permission to manufacture and distribute Zyprexa on September 27, 1996. The trial involved 2,500 subjects, and two-thirds of them didn't even successfully complete the trial. Among those who stuck it out, 22 percent of the Zyprexa subjects suffered a "serious" adverse effect, compared to 18 percent in the group taking Haldol.

The FDA reviewers found there was an average weight gain of almost one pound a week during the six-week trial period and 26 pounds over a year-long period for the Zyprexa subjects who remained for the extension trial. Other drug effects included shaking, spasms, sedation, diabetic complications, rapid heartbeat, restlessness, constipation, seizures, liver problems, white blood cell disorders, and decreased blood pressure. In addition, there were 20 deaths, including 12 suicides, in the Zyprexa group. Shockingly, these deaths went unreported in the scientific literature. The death cover-ups also took place in reporting trial results of several other atypicals during the 1990s.

Information concerning these deaths was obtained from FDA documents through the Freedom of Information Act by science writer Robert Whitaker, who wrote that one in every 145 subjects who entered the trials for Zyprexa, Risperdal, Seroquel, and Serdolect had died. [See the book *Mad in America* by Robert Whitaker, reviewed in this issue of *Street Spirit.*]

Bearing in mind these deaths, which occurred during very short trial periods, the FDA's approval of three of the four atypicals cited above (Serdolect was unapproved) is appalling. It not only condemns the agency's approval process but also raises doubts about the agency's political independence.

In the case of Zyprexa, Eli Lilly's ties to the two Bush administrations are a matter of public record. President George H. W. Bush is a former member of Eli Lilly's board of directors. In 2000, Eli Lilly made campaign contributions of $1.6 million, 82 percent of which went to President George W. Bush and other Republicans. In 2001, President Bush appointed Mitch Daniel, a former Eli Lilly vice president, to be White House director of the Office of Management and Budget. And in 2002, President Bush appointed Sidney Taurel, Eli Lilly's current chairman and CEO, to the Homeland Security Council.

The failure to report the deaths in the reviews of FDA atypical trials published in the professional literature, which psychiatrists and other doctors rely on for guidance in their prescription practices, unmasks the duplicity of the companies involved, the psychiatrists who collaborated with them by writing the articles, and the journal editors who accepted their articles for publication.

In recent years, some reports of death from the atypicals have appeared in the media, most often one-shot affairs in a few newspapers with little or no follow-up. These deaths were usually associated with weight gain and/or diabetes.

For example, in February 2001, Frank Olenick, a Winterville, Ohio, truck driver, died after going into a diabetic coma at age 40. His widow Christine Olenick's lawsuit against Eli Lilly said that he began taking Zyprexa to treat depression and withdrawal symptoms from a painkiller prescribed for a job-related injury.

Two months later, she rushed her sick husband to a hospital, where a nurse told her his blood-sugar level was 15 times higher than normal, although he hadn't had diabetes. Mrs. Olenick said he went into a coma an hour later and died. [*Indianapolis Star,* March 16, 2003]

In another case, Rob Liversidge, 39, of Silver Spring, Maryland, gained more than 100 pounds while taking Zyprexa for manic-depression. Health problems related to this weight gain ended his government career. A week before he was to start a new job following a long layoff, Liversidge collapsed and was taken to a hospital where, despite emergency treatment, he went into a coma and died four days later. [*Baltimore Sun*, March 19, 2003]

Those two cases made it to the newspapers. But the large majority of complications and deaths from Zyprexa are hidden from public view and may not even be recognized as such. An exception was P. Murali Doraiswamy's review of complications among Zyprexa users voluntarily reported to the FDA over a six-year period.

Doraiswamy, the chief of biological psychiatry at Duke University, wrote: "Of the 289 cases of diabetes linked to the use of [Zyprexa], 225 were newly diagnosed cases. One hundred patients developed ketosis (a serious complication of diabetes), and 22 people developed pancreatitis, or inflammation of the pancreas, which is a life-threatening condition. There were 23 deaths, including that of a 15-year-old adolescent who died of necrotizing pancreatitis, a condition where the pancreas breaks down and dies. Most cases (71 percent) occurred within six months of starting the drug and many cases were associated with

See **Zyprexa: Prescription** *page 19*

Shocked into Action

How Electroshock Created a Rebel

"My learning had been largely destroyed for virtually all of my adult life. Large pieces of my life were destroyed. I speak of it as electroconvulsive brainwashing."

by Terry Messman

Leonard Roy Frank's name is spoken with something approaching reverence by those movement activists, journalists, psychiatrists and psychiatric survivors who have come to know his work in exposing the abuses of psychiatry over the past 30 years. He has the bearing and intensity of an Old Testament prophet as he speaks gently and thoughtfully, yet with a deep urgency, of the countless lives that have been destroyed or irreparably damaged by what he describes as "psychiatric atrocities."

Key activists who have built a human rights movement to resist psychiatric abuses compare Leonard to inspiring figures in the history of nonviolent resistance. David Oaks, executive director of MindFreedom and a leading activist in the national movement of psychiatric survivors, says flatly, "Leonard Roy Frank is the Gandhi of the psychiatric survivors' movement. He's really helped bring a powerful spiritual discipline to this movement, similar to the work of Martin Luther King. Certainly in the 20th century, Leonard would be one of the foremost challengers of psychiatry, especially electroshock."

In fact, as we trace Leonard's life journey, it becomes tempting to blame his reading of Gandhi for his incarceration in a psychiatric facility and the torturous, life-endangering mistreatment he underwent there. But it was also Gandhi who supplied him with all the vital clues needed to later stage an uprising against the forces of psychiatric oppression.

Leonard Roy Frank was a very conventional young man when he moved to San Francisco in 1959. A business graduate of the Wharton School at the University of Pennsylvania and an Army veteran, he went to work selling real estate for a downtown San Francisco firm.

What happened next also was not that unusual for a young man in San Francisco. While employed as a realtor, a businessman without any interest in spirituality or activism, he innocently opened up Gandhi's autobiography, and found something deeply stirring and meaningful in the Hindu activist's reverence for all life, his spiritual depth, and his dedication to nonviolent social change.

Leonard immersed himself in studying the spiritual teachers that Gandhi described in his autobiography. For the next three years, Leonard virtually dropped out of mainstream society, and spent his days voraciously reading Henry David Thoreau, Ralph Waldo Emerson, the *Bhagavad Gita*, the *Bible*, depth psychologist Carl G. Jung, historian Arnold Toynbee and the mythology scholar Joseph Campbell.

While reflecting on these newly discovered insights, Leonard became a vegetarian, grew a beard, left his job selling real estate, and devoted himself exclusively to these spiritual pursuits. Hundreds of thousands, perhaps millions, of youth followed this very path in the later 1960s and 1970s. Leonard Roy Frank's mistake was to do it a few years ahead of his time.

He paid a very serious price for taking Gandhi so seriously. His parents had him involuntarily committed to a psychiatric hospital, and Leonard was confined for a season in hell. For the next seven months, he was imprisoned and forced to undergo what can only be characterized as psychiatric torture — 50 insulin-induced comas and 35 electroshock procedures.

Many years later, Leonard was able to obtain his medical records. Jeffrey Moussaieff Masson, the author, former psychoanalyst and critic of Freud, described the content of his medical records.

Masson wrote: "Leonard Roy Frank, who has been very active in the movement, managed to get his 'medical' files from the 'hospital' where he was incarcerated.... The documents reveal clearly that Frank's five major symptoms, in the eyes of the doctors who examined him, were: he was not working; he had grown a large, full beard; he had piercing eyes; he was a vegetarian; and, in the words of the medical examiners, he 'lived the life of a beatnik — to a certain extent.' When he was taken, involuntarily, to a psychiatric institution, he developed a sixth symptom: he did not recognize that he was ill. Therapy consisted of artificially induced insulin comas and electroconvulsive shocks. The psychoanalyst who diagnosed Frank as a 'paranoid schizophrenic' also suggested removing his beard as part of the therapy....

"The doctor who actually gave the shock treatments wrote to Frank's parents: 'We have increased the frequency of the shock treatments this week to a total of five treatments, namely one daily, as I wanted to have him a little more confused and clouded at this time if we are to remove the beard so that he would not be too acutely aware and distressed by this procedure.' "

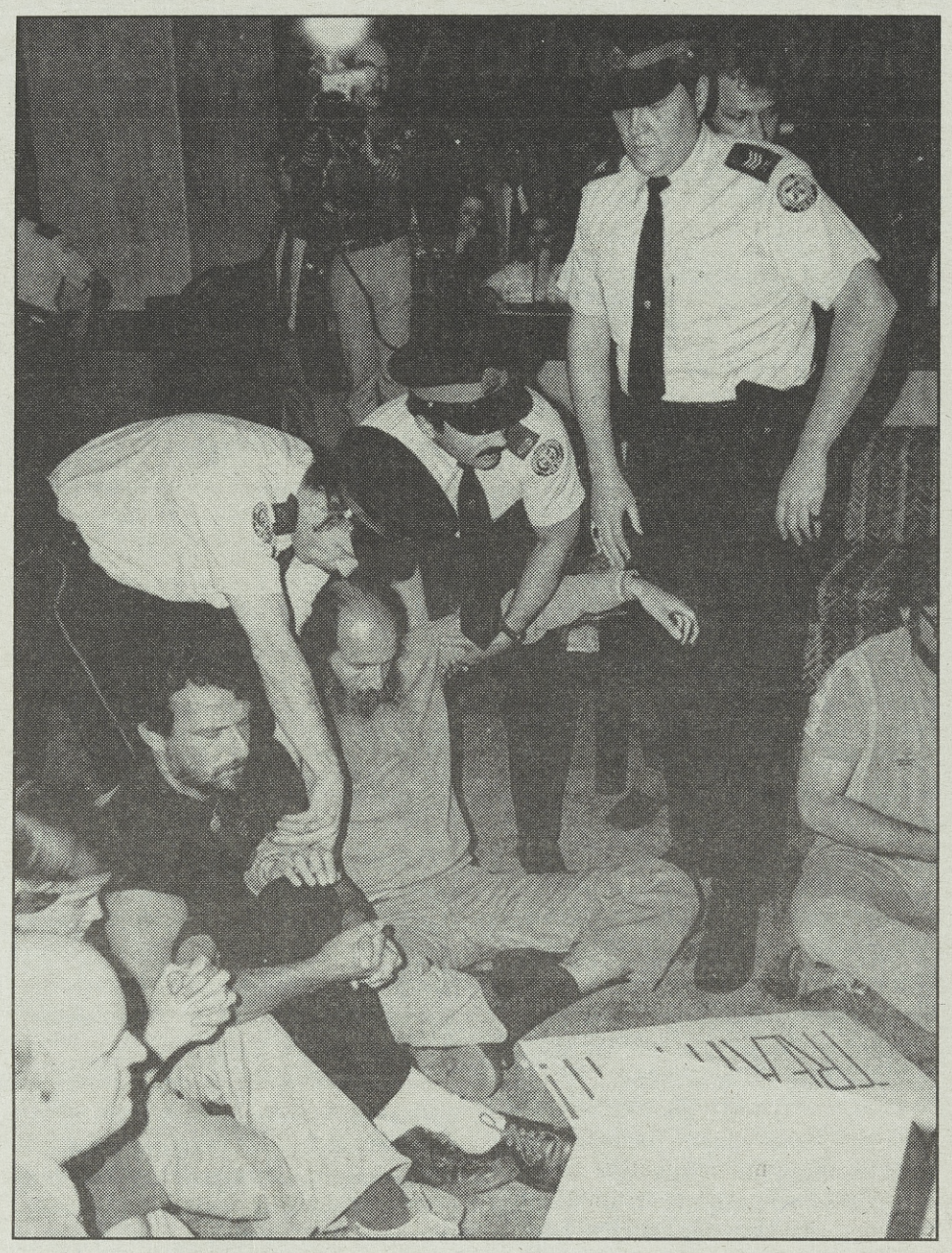
It was all to no avail. Their torture-disguised-as-therapy failed to turn Leonard Roy Frank back into an obedient, conformist, real-estate salesman. Forty years later, he still is a vegetarian, still has the piercing eyes, and long ago grew back the beard. He still reads Gandhi, Thoreau and Jung in search of spiritual and political wisdom. In that sense, he still "lives the life of a beatnik — to a certain extent."

In every sense, Leonard became even more of a rebel after these horrific experiences. He grew into a dedicated nonviolent activist, helping to build the movement of psychiatric survivors and leading prophetic protests against electroshock, forced drugging, and psychosurgery.

But it would falsify the picture to understate the amount of devastation that psychiatrists did to his brain with the insulin coma/electroshock procedures. California psychiatrists deliberately put Leonard and many other patients into brain-damaging comas by injecting large doses of insulin to reduce blood sugar and trigger a "physiological crisis" marked by irregularities in blood pressure, breathing, pulse and heart rates. Patients underwent an excruciating ordeal, manifested by what Leonard described as "incontinence and vomiting; moans and screams (referred to in the professional literature as 'noisy excitement'); sobbing, salivation, and sweating; severe restlessness; shaking, spasms, and sometimes convulsions."

The crisis intensified for hours until the patient was plunged into a life-endangering coma. Brain cell destruction occurred as the "sugar-starved brain" began feeding on itself for nourishment. Patients were left in the coma for an hour, then revived by the administration of glucose and sugar.

Sometimes subjects could not be restored to consciousness and would go into prolonged comas, resulting in more severe brain damage and sometimes death.



Leonard Roy Frank is arrested in Toronto during a sit-in at the American Psychiatric Association convention on May 17, 1982. Photo by Wood, *The Globe and Mail*

The insulin coma treatments could have ended Leonard's life. Years later, he was stunned to learn that Max Fink, a doctor who headed the insulin treatment ward at a Long Island hospital, reported that the death rate from insulin coma was anywhere from one to ten percent.

The staggering total of 50 insulin comas and 35 electroshock procedures he was forced to undergo literally erased his memory for the past few years, thus eliminating all of what he had learned from Gandhi, Thoreau, Jung, et al. during what he called his "conversion period." The memory loss stretched back even further. He soon found that his entire college and high school education was gone.

Even worse, he was left with a serious learning disability. "I also had to relearn much of the English language," he said. "I had forgotten the meaning of many once-familiar words and had difficulty using correctly the words I understood."

Since insulin comas had erased his political and spiritual studies in a process he today denounces as "electroconvulsive brainwashing," the first act of resistance Leonard committed was to re-read all his books and retrieve those insights from the oblivion of insulin coma.

The second act of resistance to psychiatric abuse was to join the editorial group that produced the legendary publication, *Madness Network News,* in the 1970s and '80s. *Madness Network News* was a beautifully designed publication that gave voice to psychiatric survivors and featured investigative reporting on electroshock, neuroleptic drugs, tardive dyskinesia and other psychiatric abuses.

The third step in overcoming the injustices he had suffered was helping to organize the Network Against Psychiatric Abuse (NAPA). NAPA activists used the philosophy of Gandhian nonviolence to build a movement that used civil disobedience and colorful protests to resist electroshock, forced drugging and slave labor in California psychiatric facilities. NAPA achieved significant reforms through these nonviolent campaigns that helped protect the rights of mental-health consumers.

Leonard also became a formidable scholar on psychiatric issues. He helped edit and publish two highly influential books and many magazine articles on the subject of psychiatric abuses. He edited *The History of Shock Treatment*, and was co-editor of *The Madness Network News Reader*. To read those two books today is to be amazed at the wealth of scholarly information and far-seeing insights that have been influential in educating a new generation of authors on these issues.

Beginning with *Random House Webster's Quotationary* in 1998, Leonard Roy Frank has created a series of books published by Random House that gather together some of the wisest quotations and axioms from the world's most profound scholars, authors, activists, historians, philosophers and spiritual thinkers. Every month, Leonard publishes an anthology of those quotations in *Street Spirit*, entitled "Poor Leonard's Almanack."

It's a highly ironic turn of events that he has become a successful editor publishing the very same kinds of spiritual and political insights that psychiatry once tried to eradicate from his brain. His life is living testimony to the truth that full recovery from psychiatric abuse is indeed possible. You simply can't keep a good mind down, not even with 85 insulin comas and electroshocks.

Leonard Roy Frank's dedication to nonviolence, peacemaking and spirituality makes it all the more outrageous that such a gentle thinker was taken captive, silenced, electroshocked and purposely sent into life-threatening comas. But his first-hand experience of psychiatric torture pushed him to begin organizing for the rights of psychiatric survivors. Oppression can beget liberation in spirits strong enough to take the worst punishment and survive.

"*Truth crushed to earth will rise again*," as Martin Luther King reminded us. If his psychiatrists had ever bothered to read Gandhi and King, they might have realized that Leonard would survive his soul-crushing captivity, and rise again in the struggle for justice.

Electroshock: A Crime Against the Spirit

from page one

tion of carbohydrates (glucose and sugar) by mouth, injection or stomach tube.

If the subjects cannot be restored to consciousness by this method, they go into what are called "prolonged comas," which result in even more severe brain damage and sometimes death. According to the *United States Public Health Service Shock Therapy Survey* (October 1941), 122 state hospitals reported 121 deaths among 2,457 insulin coma treatment cases, or 4.9 percent.[2]

After gaining my freedom, I made a determined effort to find out how psychiatrists justified their use of this procedure.

One of the clearest statements I uncovered came from Manfred Sakel, the Austrian psychiatrist who introduced the insulin method in 1933 and, arriving in the United States a few years later, became its most active promoter. In a popular book on the state of psychiatry published in 1942, Dr. Sakel was quoted as follows: "With chronic schizophrenics, as with confirmed criminals, we can't hope for reform. Here the faulty pattern of functioning is irrevocably entrenched. Hence we must use more drastic measures to silence the dysfunctioning cells and so liberate the activity of the normal cells. This time we must *kill* the too vocal dysfunctioning cells. But can we do this without killing normal cells also? Can we *select* the cells we wish to destroy? I think we can."[3] [Italics in original.]

Of course, I didn't see it that way. For me, combined insulin coma/convulsive treatment was an attempt to break my spirit, to force on me a belief system and lifestyle which I, of my own free will, had rejected. It was also the most devastating, painful and humiliating experience of my life. My memory for the three preceding years was gone. The wipe-out in my mind was like a path cut across a heavily chalked blackboard with a wet eraser.

Afterwards I didn't know that John F. Kennedy was president, although he had been elected three years earlier. There were also big chunks of memory loss for events and periods spanning my entire life; my high school and college education was effectively destroyed. I felt that every part of me was less than what it had been.

Following years of study reeducating myself, I became active in the psychiatric survivors movement, becoming a staff member of Madness Network News in 1972 and co-founding the Network Against Psychiatric Assault in 1974, both based in San Francisco and dedicated to ending abuses in the psychiatric system. In 1978, I edited and published *The History of Shock Treatment*. Since 1995, three books of quotations I edited have been published: *Influencing Minds*, *Random House Webster's Quotationary*, and *Random House Webster's Wit & Humor Quotationary*.

Over the last 35 years, I have researched the various shock procedures, particularly electroshock or ECT (the focus of the rest of this article); have spoken with hundreds of ECT survivors; and have corresponded with many others. From all these sources and my own experience, I have concluded that ECT is a brutal, dehumanizing, memory-destroying, intelligence-lowering, brain-damaging, brainwashing, life-threatening technique.

ECT robs people of their memories, their personality and their humanity. It reduces their capacity to lead full, meaningful lives; it crushes their spirits. Put simply, electroshock is a method for gutting the brain in order to control and punish people who fall or step out of line, and intimidate others who are on the verge of doing so.

Brain Damage

Brain damage is the most important effect of ECT. Brain damage is, in fact, the 800-pound gorilla in the living room whose existence psychiatrists refuse to acknowledge, at least publicly. Nowhere is this more clearly illustrated than in the American Psychiatric Association's 2001 Task Force Report on ECT, which states that "in light of the accumulated body of data dealing with structural effects of ECT, 'brain damage' should not be included [in the ECT consent form] as a potential risk of treatment."[4] (p. 102)

But during the 1940s, when some proponents were a bit careless with the truth about ECT, Paul H. Hoch, co-author of a major psychiatric textbook and New York State's Commissioner of Mental Hygiene, said, "This brings us for a moment to a discussion of the brain damage produced by electroshock.... Is a certain amount of brain damage not necessary in this type of treatment? Frontal lobotomy indicates that improvement takes place by a definite damage of certain parts of the brain."[6]

More recently, in 1983, neurologist Sidney Sament backed the brain-damage charge in a letter to a professional journal:

"After a few sessions of ECT the symptoms are those of moderate cerebral contusion, and further enthusiastic use of ECT may result in the patient functioning at a subhuman level. Electroconvulsive therapy in effect may be defined as a controlled type of brain damage produced by electrical means.... In all cases the ECT 'response' is due to the concussion-type, or more serious, effect of ECT. The patient 'forgets' his symptoms because the brain damage destroys memory traces in the brain, and the patient has to pay for this by a reduction in mental capacity of varying degree."[6]

Additional evidence of ECT-caused brain damage was published in an APA Task Force Report on ECT in 1978.[7] Forty-one percent of a large group of psychiatrists responding to a questionnaire agreed with the statement that ECT produces "slight or subtle brain damage." Only 28 percent disagreed.

And finally there is the evidence from the largest published survey of ECT-related deaths. In 1957, psychiatrist David J. Impastato, a leading ECT proponent (who, interestingly enough, in January 1940 was the first to use the procedure in the United States), reported 66 "cerebral" deaths among the 235 cases in which he was able to determine the likely cause of death following ECT.[8]

Memory Loss

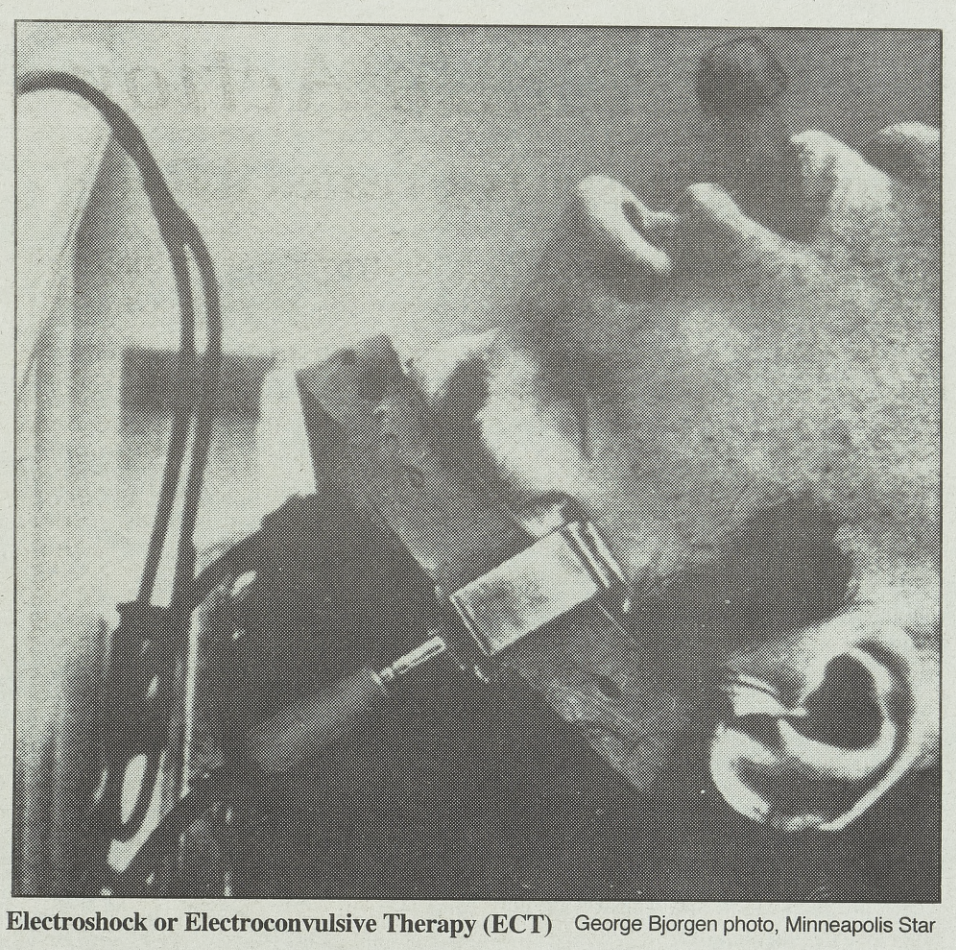
If brain damage is electroshock's most important effect, memory loss is its most obvious one. Such loss can be, and often is, disastrous, as these statements from electroshock survivors indicate:

"My memory is terrible, absolutely terrible. I can't even remember Sarah's first steps, and that's really hurtful... losing the memory of the kids growing up was awful."

"I can be reading a magazine and I get halfway through or nearly to the end and I can't remember what it's about, so I've got to read it all over again."

"People would come up to me in the street that knew me and would tell me how they knew me and I had no recollection of them at all... very frightening."[9]

Electroshock proponents are dismissive of the memory problems associated with their procedure. The following is from the sample ECT consent form in the APA's 2001 Task Force Report: "The majority of patients state that the benefits of ECT outweigh the problems with memory. Furthermore, most patients report that their memory is actually improved after ECT. Nonetheless, a minority of patients report problems in memory that remain for months or even years."[4] (pp. 321-322)



Electroshock or Electroconvulsive Therapy (ECT) George Bjorgen photo, Minneapolis Star

Nowhere in the text of the report is the claim made in the first sentence directly addressed, while the assertion in the second sentence is patently absurd. The claim made in the third sentence, at least, is closer to the truth than coverage of the same point in the sample consent form of the first edition of the APA's Task Force Report (1990) which reads, "A small minority of patients, perhaps 1 in 200, report severe problems in memory that remain for months or even years." And even the more recent Task Force Report underestimates the prevalence of memory loss among ECT survivors.[10]

Accounts from the hundreds of survivors I've communicated with over the last three decades suggest that the majority experienced memory loss from electroshock that was permanent in nature and moderate-to-severe in degree, not just for the time surrounding the "treatment" period but covering years of their lives.

That findings such as these do not appear in published ECT studies may be explained by the bias of electroshock investigators, virtually all of whom are ECT proponents; by denial (from ECT-induced brain damage) on the part of survivors and their fear of punitive sanctions if they were to report the extent and persistence of their memory loss; and finally, by the difficulty in having anything published in a mainstream professional journal that seriously threatens the vested interests of an important segment of the psychiatric community.

Death

The APA's 2001 Task Force Report on ECT states, "a reasonable current estimate is that the rate of ECT-related mortality is 1 per 10,000 patients."[4] (p. 59) But some accounts suggest that the ECT death rate may be 1 per 100 — 100 times greater than the Task Force estimate.

For example, in Texas, where psychiatrists are required to report all deaths that occur within 14 days of ECT, officials at the Texas Department of Mental Health and Mental Retardation said that between 1993 and 1996 they had received reports of 21 deaths among an estimated 2,000 patients.[11] (p. 20)

Even the 1 percent estimate, however, may understate the true risk of death from ECT because elderly persons are now being electroshocked in growing numbers; statistics based on California's mandated ECT reporting system indicate that upwards of 50 percent of all ECT patients are 60 years of age and older.

Because of infirmity and disease, the elderly are more vulnerable to ECT's life-threatening dangers than younger people. A 1993 study involving 65 patients, aged 80 and older, who were hospitalized for major depression, showed a much higher risk of death from ECT. Here are the facts drawn from this study: The patients were divided into two groups. One group of 37 patients was treated with ECT; the 28 patients in the other group, with antidepressants. After one year, among the 28 in the antidepressant group, one patient (4 percent) was dead; while in the ECT group, 10 patients among the 37 (27 percent), were dead.[12]

Brainwashing

The term "brainwashing" came into the *language during the early 1950s. It identified the technique of intensive indoctrination*, combining psychological and physical pressure, developed by the Chinese for use on political dissidents following the Communist takeover on the mainland and on American prisoners of war during the Korean War. While electroshock is not used overtly against political dissidents, it is used throughout most of the world against cultural dissidents, nonconformists, social misfits and the unhappy (the troubling and the troubled), whom psychiatrists diagnose as "mentally ill" in order to justify ECT as a medical intervention.

Indeed, electroshock is a classic example of brainwashing in the most meaningful sense of the term. Brainwashing means washing the brain of its contents. Electroshock destroys memories and ideas by destroying brain cells which store them. Psychiatrists J. C. Kennedy and David Anchel, both ECT proponents, described the effects of this *tabula rasa* "treatment" in 1948, "Their minds seem like clean slates upon which we can write."[13]

Soon after published accounts of the erasure of 18 minutes from secret White House audiotapes during the Watergate investigation, another electroshock psychiatrist reported, "Recent memory loss [from ECT] could be compared to erasing a tape recording."[14]

For these reasons, I propose that the procedure now called electroconvulsive treatment (ECT) be renamed electroconvulsive brainwashing (ECB). And ECB may be putting it too mildly. We might ask ourselves, Why is it that 10 volts of electricity applied to a political prisoner's private parts is seen as torture while 10 or 15 times that amount applied to the brain is called "treatment"? Perhaps the acronym "ECT" should be retained and have the "T" stand for torture — electroconvulsive torture.

See **Electroshock: A Crime** *page 18*

Drug Companies Turn 'Informed Consent' into a Sham

Pharmaceutical companies spend more on direct lobbying, front groups, and political advertising than any other industry. The industry has more than one lobbyist for every elected representative in Washington.

by Kathie Zatkin

Revelations about the "wonders" of hormone replacement therapy have finally begun to raise suspicions about other drugs. Although the alleged benefits of all drugs should be subjected to heightened scrutiny, the practice of deliberate deception, misleading reports, and conducting research with a knowing disregard for the subjects of that research, is starkest regarding psychotropic medication and research on persons labeled "mentally ill."

Lying to research subjects and the public about the dangers and results of drug research, the risks of participating in drug trials, and failing to reveal conflicts of interest between "independent researchers" and their funders — all that is only part of the pattern.

The risks associated with psychotropic medications continue to be minimized, while drug companies support a deliberate campaign to convince the public that persons who resist taking psychotropic medication do so, not because of the effects of the medication, but because the person lacks insight. Family members of persons diagnosed with "mental illness," many of whom are the strongest supporters of forced drugging laws, are an important part of this "campaign."

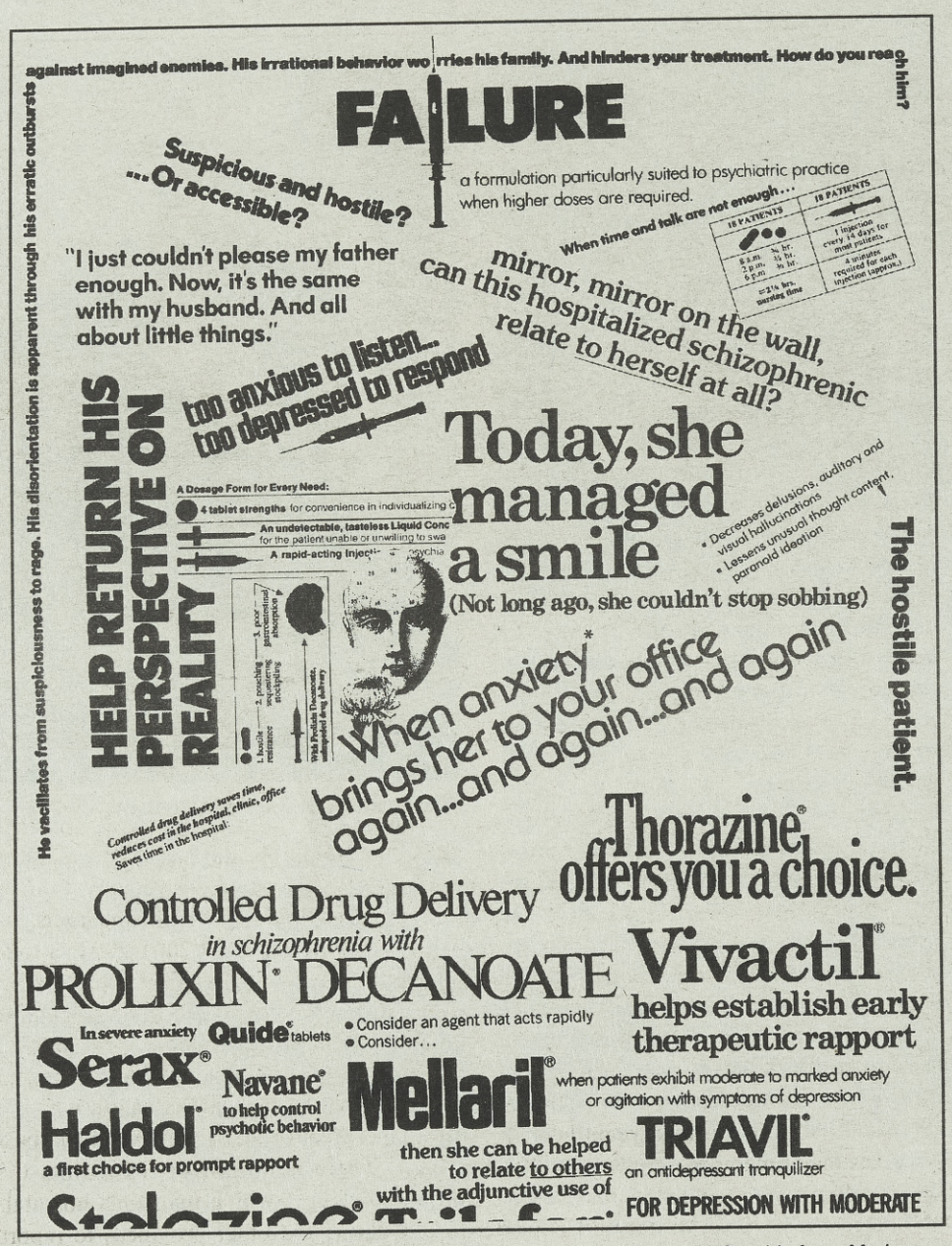
I fear that eventually the media will be forced to report quotations like the following: "I feel duped." "I was just a pawn of a multi-billion dollar industry. By trying to make life better for my child, I undoubtedly contributed to his physical and mental deterioration." "The drug companies knew we would do anything to help our son. Now it looks as though we signed away his body and his mind" (by allowing him to participate in drug company research while he was an outpatient and we were his conservators).

Despite mounting evidence of faulty research and biased reporting of research findings, the drug companies can assert that public pronouncements about the benefits of pharmaceuticals are free speech protected by the First Amendment. Pharmaceutical companies, which spend more on direct lobbying, front groups, and political advertising than any other industry (the industry has more than one lobbyist for every elected representative in Washington), are seldom questioned.

Regarding alleged conflicts of interest between funder and researcher, and in some cases guardians of research subjects, the drug companies maintain that these relationships are sacred and any governmental interference would severely infringe on the doctor-patient relationship.

Drug company spokespersons frequently expound this message: "The FDA already requires numerous safeguards to protect the public, particularly research subjects. This is the primary reason research is so costly (the FDA regulations); the public just doesn't understand."

Robert Whitaker's book, *Mad in America*, reveals harsh truths about the extent of corruption in the field of psychiatric drug research [see "Mad in America," June 2003, Street Spirit]. After chronicling the historical course of (mis)treatment of the mentally ill, including the history of what qualified as "research," Whitaker reminds us that this is not only history, it is very recent practice.



The advertising dollars of giant pharmaceutical corporations push a barrage of mind-damaging substances on the public. Graphic from *Madness Network News Reader*

The antipsychotic drugs ("atypicals") that came to market amid fanfare and acclaim in the early 1990s had been "tested" under new protocols. The modicum of independent testing that previously existed was replaced in the late 1980s by for-profit clinical trials. Academic research had been replaced by for-profit research. Drug companies got more and more control over the study design and therefore the results; clinical researchers and their research "institutions" got more and more money.

Whitaker describes an outrageous case involving the drug risperidone. Richard Borison and Bruce Diamond, faculty members at Georgia Medical College, hired only attractive female coordinators to literally solicit schizophrenic males to participate in their "study." After Borison and Diamond set up their own "research mill" named Clinical Therapeutics, these attractive study coordinators who lacked medical training were given broad decision-making powers as well as huge bonuses for enrolling participants. They "churned some patients through study after study," adjusted drug dosages and fudged eligibility criteria.

Although Borison and Diamond's clinical interest in the research appears minimal, their financial interest was significant. Whitaker describes the lavish lifestyle Borison and Diamond enjoyed and cites more than $5 million in cash and securities they stashed in various banks. Bribes to keep whistle-blowers quiet were also paid. Borison and Diamond eventually went to prison, but not for research fraud; their crime was stealing from the college.

Borison published "Recent Advances in the Pharmacotherapy of Schizophrenia" at about the same time he was indicted. Prior to receiving over 160 contracts from drug firms in the course of a decade and his eventual prison sentence, Borison had already received a significant 1984 public rebuke from the FDA for fabricating results about the supposed dangers of using generics in place of Thorazine.

As for the patients involved in the tests of these new atypicals, Whitaker reports that the FDA protocols approve of a testing technique which makes patients actively psychotic. "Washout" requires patients to be abruptly withdrawn from their current medications with the expectation that hallucinations and delusions will quickly return. Patients are then given a placebo, a standard/older drug, or the experimental/new one. Not surprisingly, research subjects were not informed about the "washout" effect. The overall suicide rate for patients involved in the trials, on a time-adjusted basis, was two to four times the norm for schizophrenics. [See *Mad in America* by Robert Whitaker, Perseus Publishing, pp. 261-270.]

Of course, drug companies continue to "stand by their research." Pharmaceutical corporations are actively engaged in marketing psychotropic medication, not only to the public via television and other mainstream media, but to all potential constituencies, including obstetricians, pediatricians, and genetic counselors, alleging that infants as young as six months could benefit from psychotropic medications.

Despite a few tiny bits of negative publicity, drug companies continue to profit. Drug companies even manipulate and expand the definitions of illness to their advantage. Under the headline, "Help for depression lacking, studies find," an article in the June 18, 2003, *San Francisco Chronicle* reported on a study that used "new clinical definitions to measure depression" and purportedly found far greater levels of depression than ever before reported. The *Chronicle* reported: "The study, whose lead authors are doctors at the AdvancePCS Center for Work and Health in Maryland, received funding from Eli Lilly & Co."

Eli Lilly is the manufacturer of the antidepressant drug Prozac.

Only two days later, the *Chronicle* published an article entitled: "Warning on prescribing Paxil for kids." According to this report, "No one under age 18 should be prescribed the drug Paxil for major depression because the adult anti-depressant may increase a child's risk of suicide, the government said Thursday." The article concluded that despite these warnings, "The company (GlaxoSmithKline) is seeking FDA approval to sell Paxil to treat another illness, obsessive-compulsive disorder, in children."

Tremendous weight gain, coupled with the significant increase in diabetes associated with the new anti-psychotic drugs would probably be unacceptable to the FDA if the target population for the drugs were not persons labeled mentally ill. Warnings would at least be more prominent and risks more emphatically reported. Patients who declined such "treatment" would not have their capacity to decline the "treatment" questioned.

Even if a "treating professional" does feel some concern about the risks associated with these drugs, polypharmacy has a handy remedy to assuage these feelings: Just add another drug or, if diabetes develops, just use a different anti-psychotic drug and continue the diabetes treatment. More and more drugs and related paraphernalia are marketed for diabetes; and once again, the definitions are changing so that greater numbers of persons are considered diabetic or "at risk" if "untreated."

Pharmaceutical companies know that doctors rely on drug company reports to make prescribing decisions. Patients are supposed to trust their health care provider to provide informed consent. How can a patient assess the risks and benefits of a proposed treatment when the prescribing provider receives continuing education credit from clinical faculty with drug company ties and drug information from drug company representatives?

Pharmaceutical companies have willing believers in their marketing claims and schemes. Federal and state governments have been active partners for years, touting drugs as a cheaper, better alternative to doctor visits. In the 1960s, the government also wanted to save money. Psychotropics were seen as an easy way to empty the state hospitals and provide a more "humane" type of ("community") care. Later on, medication, particularly psychotropics, became the standard when managed care came into the picture.

Today, politicians feel pressured to save money, protect the public, end homelessness and still be viewed as compassionate. Families are concerned about "disturbing behavior" and individuals are indeed suffering. No wonder the evidence that even those drugs marketed as 'second generation atypicals' (psychotropic drugs with supposedly fewer side effects) can be just as harmful as the older medications is barely whispered or kept under seal.

More and more media rely on pharmaceutical corporate sponsors. Drug companies even benefit from competitors' drugs being marketed for the same purpose as their own. The drug companies correctly believe that such competition is good for the industry because the idea is to get the doctors to prescribe. Psychiatrists watch television and read trade magazines too.

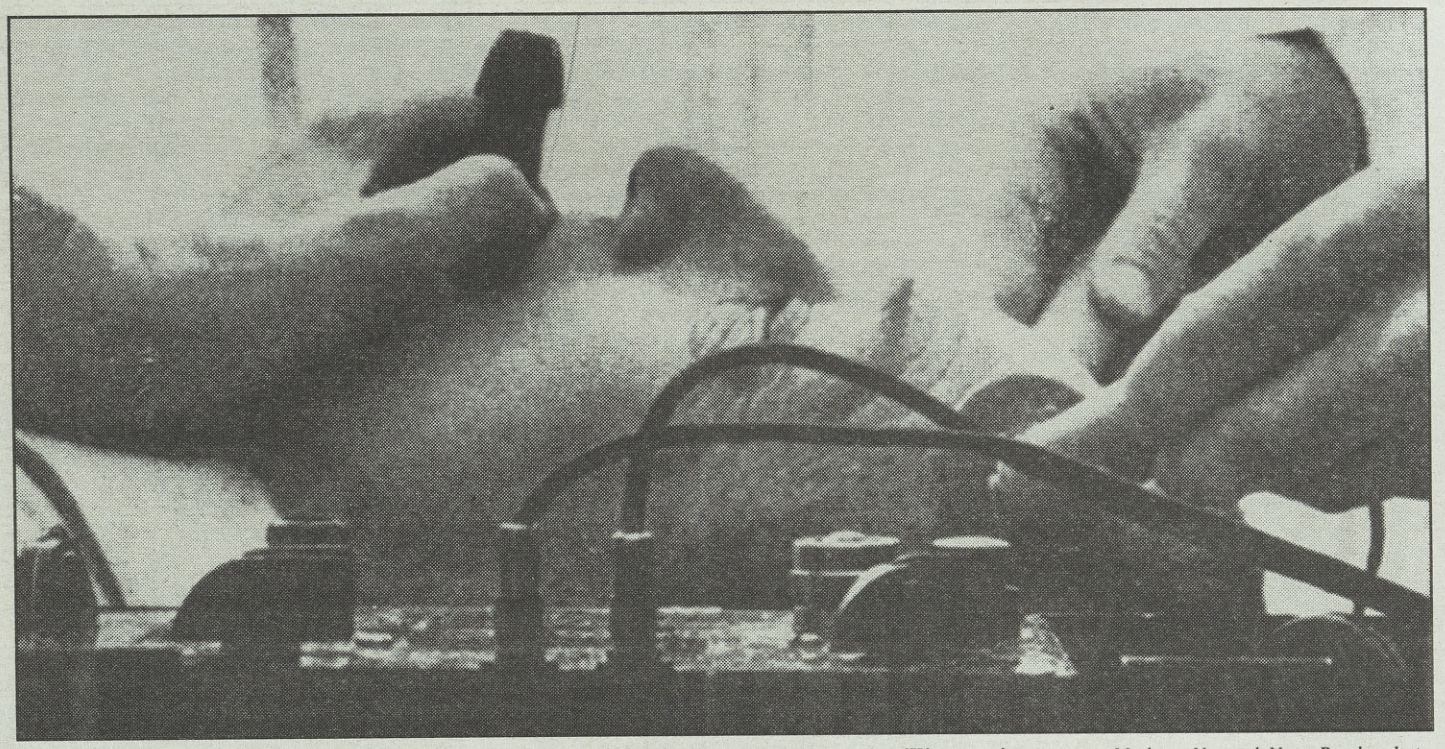
Why aren't the so-called investigative reporters and TV shows exposing the drug companies? Could the reason be that almost every investigative news show is sponsored by one or more pharmaceutical companies? Look at your morning paper,

See **Drug Companies** *page 19*

A Call for the Complete Abolition of Electroshock

Electroshock is a barbaric, brain-disabling psychiatric procedure that should have been abolished many years ago. Yet its use is on the rise.

by Don Weitz



Electroshock, or electroconvulsive treatment (ECT), is forcibly applied to an unwilling patient. *Madness Network News Reader* photo

I have struggled against psychiatric oppression and for human rights for psychiatric survivors during the last 30 years. I'm a very proud psychiatric survivor, antipsychiatry and social justice activist; shit disturber or troublemaker are other labels given me when I once worked as a community psychologist at the notorious Queen Street Mental Health Centre in Toronto in the early 1970s.

Twenty years earlier in the United States, I was locked up for 15 months and forcibly subjected to 110 insulin shock treatments in Mclean Hospital, Harvard University's major teaching-research psychiatric institution. I experienced insulin shock as serious trauma and psychiatric torture. I wrote an article about this horrific experience, published in the *Journal of Critical Psychology, Psychotherapy and Counseling.*

At present, electroshock, officially labeled electroconvulsive therapy or ECT, has replaced insulin shock in the psychiatric arsenal. Insulin shock, particularly insulin coma shock, caused numerous medical complications including deaths, yet it was never banned or declared illegal in North America. Electroshock is a barbaric, brain-disabling psychiatric procedure that should have been banned or abolished many years ago, soon after it was introduced as a so-called treatment for depression in the early 1940s in Canada and the United States.

I refuse to call electroshock a treatment. Why? Because this allegedly "safe, effective and lifesaving treatment" for depression and other so-called "mental disorders" always causes brain damage, permanent memory loss, terror, trauma, and sometimes death. During each shock procedure, an average of 150-200 volts of electricity are delivered to the brain though electrodes placed on one side or both sides of the brain. The current lasts for a half-second to two seconds.

There are several immediate, alarming, and health-threatening effects of each electroshock. One is convulsion, the uncontrollable shaking and thrashing around you've probably seen in the film "One Flew Over the Cuckoo's Nest." That effect is muted since a muscle-paralyzer is administered shortly before the procedure. Another serious effect is the grand mal epileptic seizure; this lasts about one minute or longer, followed by a coma, which lasts 5-10 minutes.

You wake up in a hospital "recovery room" but you rarely fully recover. On awakening from the electrically induced coma, you also experience a splitting, migraine-type headache, disorientation (frequently not knowing your name or where you are), muscle weakness, confusion, nausea, and memory loss.

The long-term effects are permanent memory loss for past events in your life (retrograde amnesia), forgetting recently learned or new material or experiences (anterograde amnesia), and/or problems concentrating, studying or reading.

Wendy Funk and Wayne Lax are two of many courageous shock survivors in Canada who have publicly testified and spoken out against electroshock and want it banned; so do thousands of other shock survivors and critics, including myself.

Wendy is a good friend and author of the acclaimed autobiography, *What Difference Does it Make? (The Journey of a Soul Survivor).* She still cannot recall approximately 30 years of her life. More than 40 shock treatments were delivered against Wendy's will, without her consent, and they erased many memories and personal events in her life since 1989.

Wayne, another good friend and courageous survivor, was subjected to at least 80 shocks in Kenora over a 20-year period. Today, almost 15 years later, he still has major memory problems.

Permanent memory loss is no "side effect" — it's a direct and devastating effect of shock. Erasing memories is an essential aspect of brainwashing, a grim fact proudly announced by the late Canadian psychiatrist D. Ewen Cameron.

In the 1950s and early 1960s, Cameron conducted his torturous experiments and inflicted massive doses of electroshock and psychiatric drugs on approximately 100 patients, mostly women, during the course of his infamous brainwashing-depatterning experiments in Montreal's Allen Memorial Institute. Cameron's brainwashing experiments were chiefly funded by the Canadian government in the amount of approximately $300,00; the CIA contributed another $62,000.

Hundreds of Canadian citizens — approximately 75 percent were women — were permanently brain-damaged and disabled. A few brainwashing survivors have successfully sued the government and won or settled out of court. Others are still waiting 40 years later to be "compensated" for having their brains and lives ruined by electroshock and psychiatric drugs.

Electroconvulsive brainwashing ("ECB") is a more accurate and consciousness-raising term proposed by shock survivor and critic Leonard Roy Frank, who once was subjected to both insulin shock and electroshock in California in the 1960s. Shock critic Dr. Peter Breggin, a noted psychiatrist and author, labels electroshock "electrically induced closed head injury" because it always damages the brain. Dr. Breggin urges a ban of electroshock treatments.

The emotional "high" or euphoria many survivors experience shortly after a series of shocks is routinely misinterpreted as "improvement" by shock promoters and psychiatrists. Euphoria is a common effect of head injury.

Many people, even highly educated professionals, are surprised when I tell them electroshock is increasing in Ontario, in other Canadian provinces, and in many states in the United States. "You mean they're still doing it?" they ask..

I have statistics from the Ontario government's Ministry of Health which clearly show large numbers of shock treatments and numbers of people shocked in Ontario during the last 20 years. Women and elderly people, especially women 60 years and older, are its main targets.

For example, in 2001-2002, a total of 14,034 shocks were administered to 1,656 citizens. Over two-thirds, 68 percent, were women. Elderly women, 65 years and older, were shocked about three times more often than men. That's why I also label electroshock a form of elder abuse.

There is no law or regulation, to my knowledge, which mandates hospitals in Ontario and other provinces to report all shock procedures and medical complications and deaths to the federal minister of health and provincial ministers of health.

So far, such reporting is discretionary or voluntary. There should be a mandatory electroshock reporting law in every province in Canada, and in the United States. The public and researchers should have a right to this information and it should be easy to access.

The American Psychiatric Association and Canadian Psychiatric Association have consistently minimized, and even denied, the extent to which electroshock causes permanent memory loss and brain damage. Today, Canadian shock doctors and other psychiatrists still deny the neurological fact of brain damage from shock and try to rationalize the grand mal seizure which always occurs during every shock treatment as "therapeutic." Therapeutic seizure?! Another psychiatric oxymoron.

Some American neurologists, such as John Friedberg, Sydney Sament and Robert Grimm, neuroscientist Peter Sterling, and psychiatrists Peter Breggin and Lee Coleman have seen through these professional deceptions, denials and lies and want shock banned. I totally agree. However, in Canada, virtually all neurologists have remained ominously and shamelessly silent about this psychiatric atrocity, which many survivors have rightly called a crime against humanity.

Former U.S. Attorney General and prominent human rights advocate Ramsey Clark once asserted, "Electroshock is violence." He made that statement during an invited address in New York at the Annual Meeting of the American Psychiatric Association in 1983.

During the 1980s and 1990s in Toronto and Vancouver, hundreds of survivors and supporters, including myself, publicly and courageously protested against electroshock in front of notorious shock mills, particularly the Queen Street Mental Health Centre, the Clarke Institute of Psychiatry, the Royal Ottawa Hospital, and Riverview Hospital in Vancouver.

In the United States, many more protests and demonstrations have been organized in San Francisco and Berkeley, New York City and Syracuse, to name a few. Unfortunately, these public protests have not led to a major decrease in electroshock, except for the odd hospital that stopped doing shock while pushing antidepressants and neuroleptic drugs — which also cause brain damage.

Death from electroshock has also occurred, but is usually minimized or covered up by hospital and government officials in Canada and the United States. Leonard Roy Frank, a good friend, shock survivor and outstanding anti-shock activist and author of the classic, *A History of Shock Treatment,* has compiled lists of shock deaths. So far, he's documented over 400 deaths related to or caused by electroshock since 1942 in studies published in the English-language medical literature. No doubt many more shock deaths have occurred, but have been unreported or covered up in the United States, Canada and other countries.

RECOMMENDATIONS

1. Electroshock should be totally banned, because this procedure is inherently harmful and causes brain damage, including permanent memory loss.

2. A federal law should order the reporting of all electroshock procedures, including statistics listing the number of procedures and number of patients, broken down by province, hospital, age and gender. These reports must include the nature and incidence of all major medical effects and medical complications including death. These mandatory reports must be sent to every provincial ministry and a special databank in Health Canada each year, and copies of this annual shock report must be accessible to the public while protecting the identity of patients.

3. All legislators and public health officials should become educated about electroshock by attending public hearings that feature testimony from shock survivors and an independent panel to facilitate the testimony.

Don Weitz and Carla McKague co-founded *Phoenix Rising,* the first antipsychiatry magazine in Canada totally controlled by psychiatric survivors. During its 10 years of publication in Toronto (1980-1990), *Phoenix Rising* was completely independent, courageously criticized the psychiatric system, exposed numerous abuses, and advocated for psychiatric survivors and prisoners by giving brother and sister survivors a powerful and empowering voice.

Weitz is also a core member of the Coalition Against Psychiatric Assault (CAPA), which sponsored public hearings on psychiatric drugs and electroshock in April 2005 in Toronto's City Hall. For reports and survivor testimonies see the CAPA website: http://capa.oise.utoronto.ca

Mad in America: Bad Science and Bad Medicine

Mad In America is a stirring act of resistance to the barbaric practices that inflicted brain damage, chemical lobotomies, and outright torture on untold millions. Whitaker's book names the names that deserve to live in infamy. It is also a song of lamentation for the countless lives we have lost.

by Terry Messman

Robert Whitaker's book, *Mad In America*, is a towering achievement in investigative reporting that invites comparison with other epochal examples of muckraking journalism, such as Rachel Carson's environmental exposé, *The Silent Spring*, or William Lloyd Garrison's liberating reporting on the fight to abolish slavery.

Whitaker's revelation of two centuries of psychiatric mistreatment serves to unlock the locked wards that for too long have hidden nightmarish abuses from the public. *Mad In America* also tears away the shroud of silence that has prevented the public from hearing how psychiatric patients themselves have described the untold suffering caused by electroshock, lobotomy, insulin coma therapy, and mind-numbing doses of neuroleptic drugs.

Mad In America is one of those rare works of journalism that truly gives voice to the voiceless. Through Whitaker's compassionate writing, we now can hear the cries of patients locked away in the permanent silence of asylums; and we can see that they were never really asylums at all, but warehouses of anguish where frightened and traumatized human beings were locked away from the larger society, unseen and undefended in their torment.

Perhaps even more impressive than the insights he has unearthed, however, is the sheer bravery of Whitaker's full-scale dissent from the accepted wisdom of psychiatry. The boldness of Whitaker's indictment of the psychiatric establishment is as stirring as Chief Bromden's unforgettable act of defiance in Ken Kesey's novel, *One Flew Over the Cuckoo's Nest*.

After Randle McMurphy has been lobotomized for instigating an uprising in the mental hospital, Chief Bromden, who has silently endured endless cruelty and dehumanization as an inmate, finally finds the strength to rebel against the spirit-crushing psychiatric overseers. The Chief jerks an impossibly heavy steel-and-cement control panel out of the floor and throws it with all his might through the wire-mesh windows of the locked-down ward, then runs away to his freedom.

In writing *Mad In America*, Whitaker gathered armloads of scientific research, as weighty as a steel control panel, and hurled it all right through the locked wards of every dehumanizing psychiatric institution in the country. His book is a massive blow against the legacy of psychiatric abuses he has so carefully documented.

In a fascinating twist, when Whitaker began his research into the history of psychiatric abuses, he was a believer in the story of progress that psychiatry has been telling the public for decades. When he began his series for the *Boston Globe*, Whitaker said, "I absolutely believed the common wisdom that these antipsychotic drugs actually had improved things and that they had totally revolutionized how we treated schizophrenia. People used to be locked away forever, and now maybe things weren't great, but they were a lot better. It was a story of progress."

That story of progress was fraudulent, as Whitaker soon found out when he gained new insight from his research into psychiatric practices such as electroshock, lobotomy, insulin coma, metrazol convulsive therapy, and neuroleptic drugs.

Psychiatrists told the public that these techniques "cured" psychosis or balanced the chemistry of the brain. But, in reality, the common thread in all these different treatments was the attempt to suppress "mental illness" by deliberately damaging the higher functions of the brain.

The stunning truth is that, behind closed doors, the psychiatric establishment labeled these treatments, "brain-damaging therapeutics." It may seem self-evident now that electroshock and lobotomy purposely assault and incapacitate the brain, but the next generation of antipsychotic medications also created the same kind of brain pathology by blocking the neurotransmitter dopamine and essentially shutting down many higher brain functions.

A 'Chemical Lobotomy'

In fact, when antipsychotics such as Thorazine and Haldol were introduced, psychiatrists themselves said that these neuroleptic drugs were virtually indistinguishable from a "chemical lobotomy." That is why *Mad In America* is subtitled "Bad Science, Bad Medicine, and the Enduring Mistreatment of the Mentally Ill."

Whitaker traces a clear path from the crude use of lobotomy and electroshock to today's much-hyped neuroleptic drugs and newer "atypical" drugs, and shows that all these treatments indiscriminately disrupt higher brain functions and short-circuit patients' thoughts, emotions, memories, and even their basic personality.

Dorothy Day of the *Catholic Worker* newspaper said that the sacred task of the journalist is to "comfort the afflicted and afflict the comfortable." Whitaker's book is indeed full of compassion for the afflicted victims of psychiatry. But, oh, how his research afflicts the comfortable!

Whitaker reveals how Benjamin Rush, the "father of American psychiatry," theorized that insanity was caused by "morbid" qualities in the blood, leading him to conclude that as much as "four-fifths of the blood in the body" should be drawn away; Rush bled one patient 47 times, removing four gallons of blood over time. He also strapped patients horizontally to a board and spun them around at great speeds. He confined others in his "Tranquilizer Chair" that completely immobilized every part of their body for long periods and blocked their sight with a bizarre wooden shroud, while they were doused in ice-cold water.

That is how psychiatry began in our country — with practices indistinguishable from torture.

Whitaker's book uncovers a shameful history of psychiatric mistreatment, in which teeth and bodily organs (including gall bladders, colons, and the ovaries of women) were surgically removed to get rid of the "bacteria" thought to cause insanity.

Under the guise of "therapy," patients were put in coffin-like boxes and nearly drowned in ice-cold vats of water; while others were weakened by being whipped, nearly starved and given nausea-inducing agents. Silent generations of patients were penned up in psychiatric dungeons for life to keep them from ever having children.



PSYCHOSURGERY BRUTALITY: American psychiatrist Walter Freeman (above, center) developed the frontal lobotomy, a barbarous act which plunged an icepick-like instrument beneath the eyelid and, using a surgical mallet, drove it through the eye socket bone and into the brain. Movement of the instrument severed the fibers of the frontal brain lobes, causing irreversible brain damage.

Forced Sterilization in the U.S.

Whitaker unveils a truly frightening history of prominent psychiatrists joining with the eugenics movement to rid the gene pool of the "insanity gene" by classifying mental health clients as debased and subhuman. Eugenicists sought to cleanse America of the mentally ill by forcibly segregating them in asylums so they couldn't procreate, and then sterilizing tens of thousands of patients to prevent them from breeding.

The U.S. eugenics movement was a key inspiration for Nazi Germany's similar programs to segregate and sterilize mentally disabled people, and German scientists even traveled to California to study our program of forced sterilization.

American eugenics may have reached its apotheosis in 1935 when Alexis Carrel, a physician at Rockefeller Institute for Medical Research in New York, wrote that the mentally ill "should be humanely and economically disposed of in small euthanistic institutions supplied with proper gases."

The U.S. psychiatrists who embraced the program of compulsory sterilization directly influenced the doctors of the Third Reich, who would soon begin the "mercy killings" of mental patients.

As psychiatry advanced in the 1940s and 1950s, the scientific assault on the brains of patients became, if anything, more methodical and in some cases more terrifying. Insulin coma, metrazol convulsion therapy, electroshock and lobotomies were used to cripple the frontal lobe and the higher brain functions that separate human beings from the lower primates.

This assault on the brain then came fully into the present with the widespread use of neuroleptic drugs such as Thorazine and Haldol, and the current use of the new "atypical" antipsychotic drugs Zyprexa, Clozaril and Risperdal.

Both the neuroleptics and the atypicals create brain pathology by blocking the flow of neurotransmitters, leaving patients dulled, lethargic and vegetative. The neuroleptics unleashed a devastating epidemic of "persistent Parkinson's" symptoms and the terribly disfiguring neurological dysfunction called tardive dyskinesia. The new atypicals have already been linked with immense weight gain, diabetes, and the dangerous depletion of white blood cells.

A Stirring Act of Resistance

The publication of *Mad In America* is a watershed in the history of human rights. I was not the same after I read it. It is a searing historical exposé that has an impact comparable to reading the stories of Holocaust survivors. It is a song of lamentation for the human lives we have lost. It is an act of compassion that reclaims the humanity of psychiatric survivors.

Finally, it is a stirring act of resistance in which one lone author bears moral witness to the suffering of hundreds of thousands, and names the names that deserve to live in infamy: the inventors of lobotomy and electroshock and tardive dyskinesia.

For over 30 years, patients rights groups have been speaking out against psychiatric abuses — the torturous treatments, the loss of freedom and dignity, the misuse of seclusion and restraints, the neurological damage caused by "antipsychotic" drugs. But these groups have been condemned and dismissed by the psychiatric establishment, and their truths censured and denied.

Perhaps it takes a book by an outside journalist who fully believed in the widely parroted story of "progress" being peddled by the giant pharmaceutical corporations that utterly dominate the practice of psychiatry today. Through his historical and scientific research, Robert Whitaker has shattered that myth of progress and has shown that antipsychotic drugs are nothing more than the latest, most trendy form of "brain-damaging therapeutics."

Mad In America is an astonishing indictment of 250 years of psychiatric mistreatment, dehumanization, torture, and the deliberate infliction of brain damage. One only wishes that it could be prescribed as mandatory reading for every psychiatrist and corporate drug pusher in the land.

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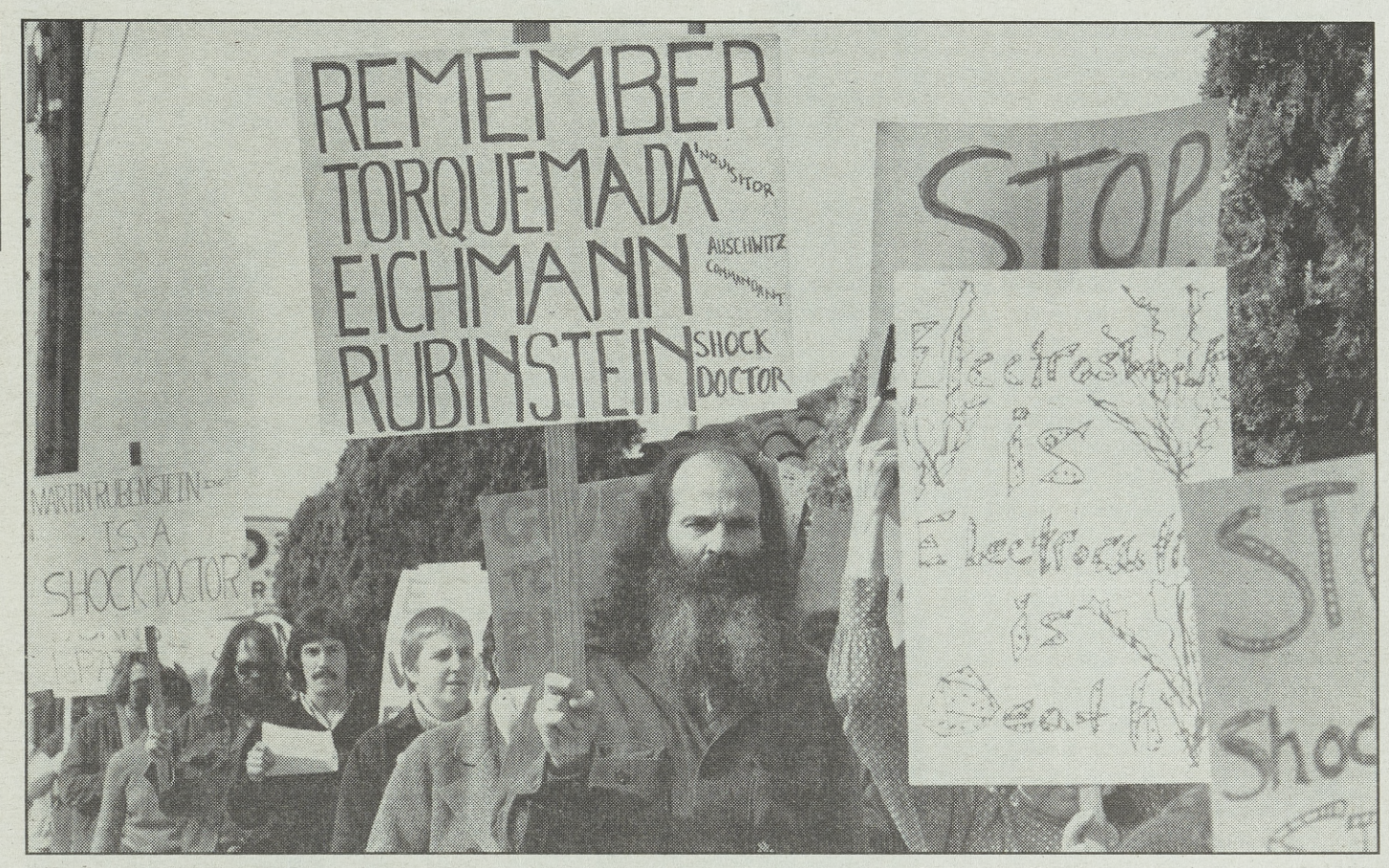
Street Spirit Interviews the Author of *Mad in America*

Mad In America

Bad Science, Bad Medicine, and the Enduring Mistreatment of the Mentally Ill

by Robert Whitaker

Perseus Publishing



Members of the Network Against Psychiatric Assault march in a picket line at the Oakland office of Martin Rubinstein, M.D., while he was administering electroshock to a 17-year-old woman.

Photo by Pat Goudvis from *Madness Network News.*

Eugenics policies said, "They're a threat to us." We started talking about the mentally ill as a social cancer that needs to be cut out of the body politic. In fact, it's here, in this country, where doctors first started talking about killing the mentally ill — mercy killing.

Interview by Terry Messman

Street Spirit: *What led you to write a book about the history of psychiatric mistreatment? I've heard you began working on a story for the Boston Globe that opened up in an unexpected way.*

Robert Whitaker: Yes, there was a particular story; but it was sort of a back-door entry, actually. In 1998, I started writing about the problems in psychiatric drug trials. At that point, I decided to do a series for the *Boston Globe* on problems in psychiatric research. While I was doing that series, I kept coming upon outcome studies that I found mind-boggling.

One was the World Health Organization studies which showed that outcomes for people with mental health problems were much, much better in the poor countries of the world. By the way, the results of their first report was so startling, they repeated the study, and they came up with the same results. When I asked people why that was, no one could give me a good answer. They would just say, "Oh, well, families are nicer over there," or "societies are nicer." It didn't really ring true.

Spirit: *In the developed countries, supposedly we have more advanced therapies and drugs; and yet the outcomes are worse here, with far more people locked into lifelong, chronic mental illness?*

Whitaker: Exactly. So that really opened an interesting question that no one was answering. One other thing caught my attention as I started looking at those World Health Organization studies. What no one, and I mean no one, mentioned was that the use of antipsychotic drugs was much less in those poor countries where people were infrequently kept on the drugs.

So here you had this disparity. You have our medical paradigm here in this country, which says continual drug treatment for those diagnosed with schizophrenia is absolutely essential. And yet outcomes and recovery rates were much, much higher in poor countries where they didn't follow that paradigm. That obviously raises the question: Is there something wrong with our paradigm?

The other study that dovetails with this is by the Harvard Medical School researchers who, in 1994, had looked at outcomes over the centuries for schizophrenia patients, and concluded that outcomes hadn't really improved since 1900, when the therapies of the day were water therapies. Again, that was contrary to the story we tell ourselves. The story we tell ourselves is that we're getting ever better drugs and we're getting ever better at understanding the "biology" of the disease of schizophrenia.

Spirit: *You are one of the few writers who has dared to challenge the medically accepted story that antipsychotic drugs and the newer-generation drugs are the only way to treat so-called schizophrenia.*

Whitaker: That's what really attracted me to the whole story, was that there was that belief system out there — and by the way, I shared that belief system when I began this book. When I was doing that series for the *Boston Globe* on psychiatric research, I absolutely believed the common wisdom that these antipsychotic drugs actually had improved things and that they had totally revolutionized how we treated schizophrenia. People used to be locked away forever, and now maybe things weren't great, but they were a lot better. It was a story of progress. I believed that, and I believed that the drugs were essential and were "like insulin for diabetes," because that's what I had been told.

Spirit: *What led you, then, to develop such a comprehensive critique of the entire history of psychiatry?*

Whitaker: I did the series for the *Boston Globe*, and I really wasn't content with what I understood at that point because there was this mystery out there that needed to be explored, and that's why I did the book.

Spirit: *One of the revelations of your book is the way it gives voice to the truly voiceless. Patients testify about the devastating effects of electroshock, lobotomy, insulin coma and neuroleptic drugs. Their voices are startlingly different from what the psychiatric establishment has reported about those therapies.*

Whitaker: Oh, that's a great point. When I was doing that first series in the *Globe*, that all started coming out — that the story of how great the therapies were, how essential the drugs were, was not shared by the clients themselves. So there you immediately understood that there was a different perspective, a different understanding and a different story to be told.

You talk about giving voice to the voiceless. When I started reading histories of psychiatry, the voices of those so treated was absolutely missing. It was just not there, which is stunning. You ask people why their voice is not there, and they say, "Well, they're unreliable witnesses." Or, "They don't know they're sick." You know the whole story. But that's obviously just ridiculous. It's actually obscene.

Spirit: *Why do you find it "obscene" that those voices were left out of the histories you were researching?*

Whitaker: Because it's like making them non-persons. They don't count. Their experience doesn't count. We know when you do that to someone, that is an obscene act, whether it be done to Jews or slaves or whatever oppressed people. We have come to an understanding that to negate someone's experience, to deny it, is an obscene thing to do. And yet, this is one group that, as a society, we still don't allow them to speak for themselves.

Think about who speaks today for the mentally ill in this country. Not the so-called mentally ill themselves very much. When they do an article in the newspaper it will be NAMI [the National Alliance for the Mentally Ill] quoted for the family point of view, and then there will be the drug companies and the doctors. But how often do you really get the client point of view? Not very often.

That was one of the things I set out to do, is to look at the official story as we go through history, but then see what the patients themselves are saying about these therapies. And let's also see, with the perspective of history, which group seemed to be more accurate, more truthful — in other words, which story held up over time. For example, if you remember patients getting electroshocked in the past and having to be dragged off to the table; well, at the time, of course, the story was that it was good for them, right? But what do we know today? We know it was as abusive as hell. It was horrible.

Spirit: *At the time, psychiatrists reassured the public that it was absolutely painless and provided great relief from their symptoms; whereas the patients often had to be dragged kicking and screaming to the electroshock room.*

Whitaker: Exactly. And there's a lesson to be learned here: If you ignore the voice of those so treated, you do so at great peril of doing real harm. In fact, as we go forward in history, the perspective that's going to bear out as true, is almost inevitably that of those so treated. The patients' own stories, time and time again, has seemed right and accurate as we get some perspective from history. You asked this question about giving a voice to the voiceless. You cannot accurately tell the history of psychiatry, the history of treatment for the mentally ill in this country, without listening to those who were so treated. It's just incomplete without it.

Spirit: *One of your startling insights is how many psychiatric treatments deliberately utilize "brain-damaging therapeutics." That's a common thread linking electroshock, insulin coma, lobotomy and neuroleptic drugs. These therapies are purposely designed to damage higher brain functioning, and the public doesn't know this. Yet in private, psychiatrists admit that these treatments "work" by deliberately incapacitating higher brain functions.*

Whitaker: Yes, and again, this was so surprising. There is a common thread to treatment and medical interventions throughout the past 200 years that, during their time, are said to work. If you're a doctor and you're giving one of these therapies — let's say it's blood-letting or you're putting someone in a tranquilizer chair or you're shocking them 50 times or you're poisoning them with metrazol convulsive therapy — you've got to believe that works.

So the common thread you start to discover is how they define what works in dealing with the mentally ill: it's eliminating the symptoms. Knocking out the symptoms so you don't see these kinds of wild fancies, and at least they're not exhibiting the hallucinations and the behavior that may be disturbing to others.

So how do they do that? Well, it turns out that you can knock down those hallucinations, paranoia, wild thoughts, hearing voices, etc. You can knock those down by diminishing brain function, which makes sense because the brain's got to be operating in order to be thinking in this way. And that's what you see time and time again in psychiatry — things that sort of weaken people, things that knock down higher cognitive processes. That really came to fruition in the first half of the 20th century when we had the eugenics movement flourishing in this country which totally devalued the mentally ill as people, which viewed them as threats to the health of society.

Spirit: *Psychiatry tried to "advance" by assaulting the brain with electroshock or lobotomy, and now with the newer generation of neuroleptic and atypical drugs — which is still a major chemical assault*

See **Mad In America** *page 14*

Mad In America

from page 13

on higher brain functioning and the dopamine transmission system.

Whitaker: No question about it. And it really gets going as we learn more about the brain in the early part of the 20th century. Now you see the assault, let's say in the 1940s, becoming much more explicit. If you go back and read the medical journals at that time when they were more honest, you will see people writing about "brain-damaging therapeutics." That's what they called them.

Spirit: *That's an amazingly inhumane phrase.*

Whitaker: But that's their words, not my words. And they would talk about how they had this progression from electroshock. What they would say about electroshock is it knocked down the higher functions of the brain for a brief period; but then as people recovered from this trauma, the delusions and hallucinations returned. So they would say you have to do repetitive electroshock 30, 40, 50 times so this brain damage, in essence, would stick and become more permanent.

Then we get lobotomy which, of course, is disconnecting the very part of the brain that makes us most human, that distinguishes us from lower primates. We disconnected that and we know that's brain damage, but what did they say at that time? It was treated as a miracle brain therapy and the guy that invented it [Portuguese neurologist Egas Moniz] got the Nobel Prize in medicine. But it was really curious how they talked about it at that time. They would talk about knocking people down to a "lower level of being." That was considered a good outcome.

Spirit: *Even though they were wiping out much of their personality, their emotions, their memory — even their ability sometimes to physically function. Ending up in a vegetative state was rationalized as a good outcome?*

Whitaker: Absolutely.

Spirit: *How did psychiatry claim that this was an improvement? Because people were quieter on the psych wards?*

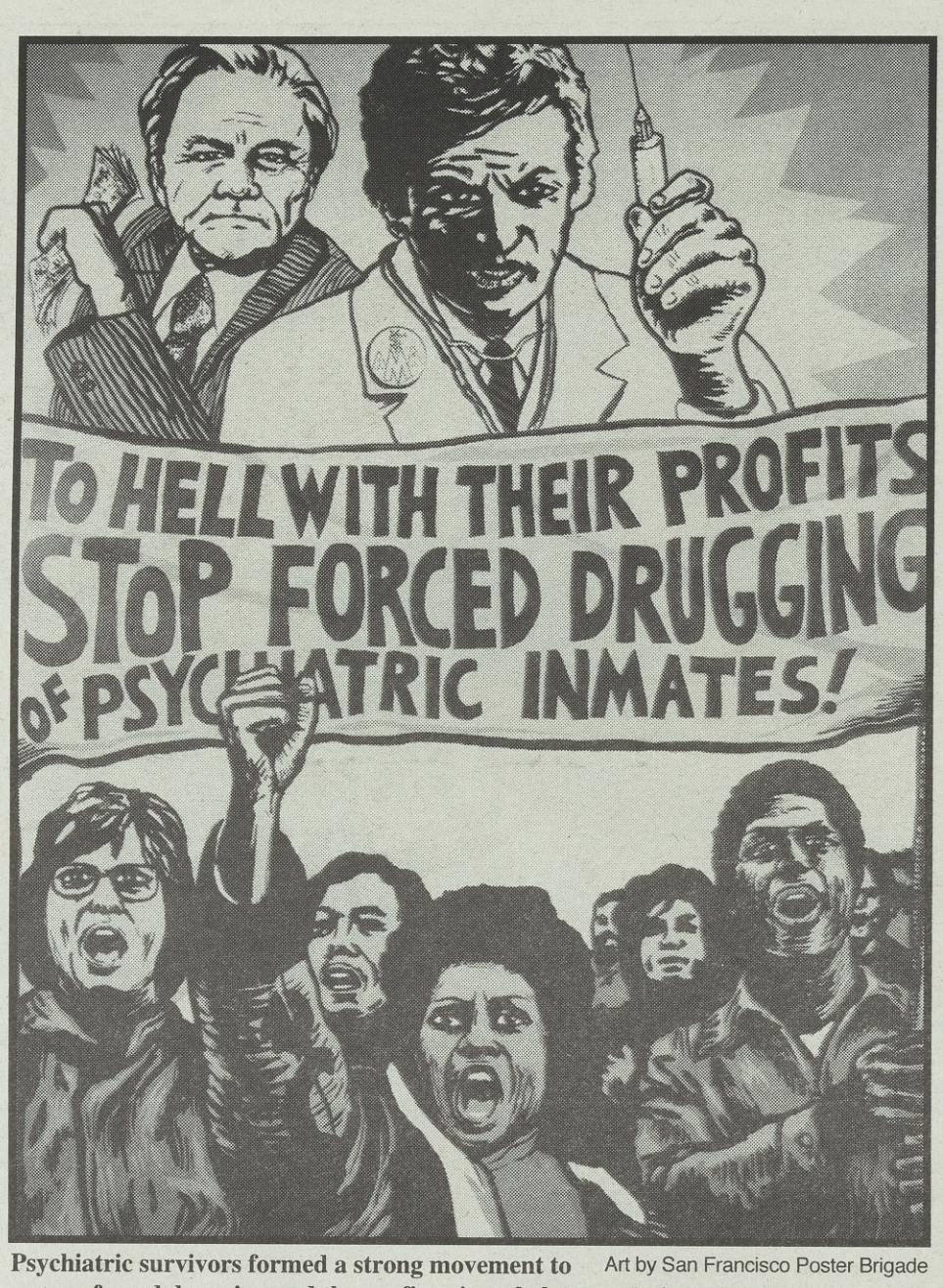
Whitaker: Basically, that's the answer. They were quieter on the wards, easier to manage, and that's really the answer. Bottom line, that's the answer.

Spirit: *And after lobotomy, maybe they didn't have as many hallucinations because it takes an intellect and it takes an imagination and emotions to go into that inner fantasy world in the first place.*

Whitaker: Exactly. Actually, you'd see Walter Freeman, who was the foremost promoter of lobotomy in this country, make exactly that statement. They'd say, okay, there was some loss here and people became less creative; they wouldn't be interested in playing the piano anymore, suddenly. He'd talk about how some of his patients, prior to lobotomy, loved to play the piano, or loved to fantasize about what history would be like if, say, the Indians in America had won. In other words, wild thoughts, interesting thoughts, creative thoughts, poetic thoughts.

And they would say, okay, you lose all that; but in return, we get a more easily managed person. Freeman would say they don't have strong emotions anymore. They like to eat and they get fat. But they don't care, and they don't really care about having social interactions so they're not real sad anymore, and that was seen as good. They were easier for others running the wards and asylums to take care of, and maybe cheaper too.

Spirit: *The antipsychotic drugs were perhaps a more precise way to damage the brain by disrupting the dopamine transmission system. But, basically, it was the same outcome in that the higher brain functions were subdued so the person became more vegetative. That is the common thread and that's why some patients liken these drugs to chemical lobotomies.*



Psychiatric survivors formed a strong movement to oppose forced drugging and the profiteering of pharmaceutical companies. Art by San Francisco Poster Brigade

The *New York Times*, in reporting on the treatment of Soviet dissidents, said giving these neuroleptic drugs practically makes a person a vegetable. The *Times* said it was a form of a "spiritual gas chamber." Then they'll cover a trial about forced drug treatment of a mentally ill person in the U.S. and report the drugs are known to be widely efficacious.

Whitaker: That was a common thread, and it wasn't just patients who called the drugs chemical lobotomies. In the 1950s, when the drugs came in, surgical lobotomy was still seen as a good thing. That was the value system in place, remember? The inventor of lobotomy had just won the Nobel Prize in the early 1950s when we introduced these drugs. We were still using repetitive electroshock. We were still grabbing patients, chasing them down the hall, throwing them on the gurney, and forcibly electroshocking them.

Then the drugs come in and it's really fascinating to read the medical literature at that time, because they do talk about how the drugs like Thorazine, Haldol and other neuroleptics created a change in being — a change similar to what you got with lobotomy. And that was seen as good.

Did people become quieter, less emotionally engaged with their environment? Yes, and that was seen as good. Did they become more lethargic in their movements? Yes, and that was seen as good. Did they care less about themselves, which is a function of the frontal lobes? Yes, and that was seen as good..

Physiologically, to carry this forward, we know that, in fact, that's exactly what the neuroleptic drugs do. They profoundly block dopamine transmission. For example, If you take a monkey and give it a lobotomy, and watch how it behaves; then if we give another monkey Thorazine and block the dopamine transmission to the frontal lobe, you'll get very similar behavior.

The main difference is that the lobotomy didn't damage the motor control, whereas the drugs did. That's why these drugs result in Parkinson's symptoms, tardive dyskinesia, and all these other motor dysfunctions over time. In a way, the standard neuroleptics were more comprehensive in their diminishment of mental activity in the brain than frontal lobotomies.

Spirit: *Unbelievable. The much-praised neuroleptics were more destructive of motor movements than lobotomies?*

Whitaker: Well, they were absolutely destructive of motor movements. When Thorazine and Haldol were introduced, they actually said that you know you have a good dosage when you start getting Parkinson's symptoms.

Spirit: *So Parkinson's symptoms were the desired outcome?*

Whitaker: Exactly. You dosed them up until the person was getting tremors and was having trouble initiating motor movements. At that point, they said, "Aha, we have an effective dose." There was a famous psychiatric conference in 1956 when they said that's the sign — we dose up until we get Parkinson's.

Now why do we get Parkinson's? You get Parkinson's because you're creating with the drugs the same deficiency in dopamine transmission that you get with the disease itself. So it's not really only a side effect. The problem with motor movement is a direct effect. The Parkinsonian symptoms are absolutely a direct effect of knocking down dopamine transmission. And we know how profound that was. The drugs block anywhere from 70 to 90 percent of a particular type of dopamine receptor, the D_2 receptor.

So the drugs block about 80 percent of your normal dopamine level. And you get symptoms of Parkinson's disease when you've lost about 80 percent of the dopaminergic neurons in the brain. So you're creating the same deficiency. Not a side effect — a direct effect.

Spirit: *So Parkinson's symptoms are a deliberately intended effect, since they know it's inevitable.*

Whitaker: Well, not only is it inevitable, it's part of the treatment! Really, here's the way to look at standard neuroleptics. We have a drug that, as a direct effect, diminishes your capacity to control movements. Second, as a direct effect, it knocks down activity in the brain's limbic system in which we mount emotional responses to the world. That's why people on Thorazine and Haldol are not very engaged.

Spirit: *They're very flat emotionally, often very withdrawn.*

Whitaker: Yes, because you're knocking down that part of the brain. Then finally, by knocking down the frontal lobes, you have people who aren't very motivated, because it's in the frontal lobes that we care about ourselves and worry about the future. Now, those are direct effects. So the question is, as a side effect, do we get some diminishment of psychotic symptoms, hallucinations and voices?

We've got all these losses: diminishment of motor movement, diminishment of emotional affect, diminishment of the ability to care for oneself. That's why a lot of patients hated these drugs, absolutely hated Thorazine and Haldol.

Here's the next surprise. You would at least think that over time, you'd get a diminishment of the targeted symptoms of psychosis, especially since we've got all these effects on the negative side. But the most amazing thing is that, over time, rather than seeing a diminishment in psychosis in people treated with these drugs and under this paradigm, you actually see an increase compared to placebo-treated groups.

So, even on the target symptom that supposedly we're knocking down with these drugs, over time you see *more* chronic illness. That completes this picture of how stunningly wrong this paradigm was. We had all these negative effects being caused to people who had the misfortune to be so diagnosed; and yet, even on the target symptom, you see greater chronicity of psychosis. You see failure every way you look at it.

Spirit: *Do you think that's one reason why the WHO studies showed that U.S. patients are more prone to long-term schizophrenia than patients in poor countries that aren't prescribing neuroleptics for the duration of someone's life?*

Whitaker: I think that's absolutely *the* answer. What happens is that in the natural course of those so diagnosed with schizophrenia, a good percentage, if not treated with the drugs, will improve or recover. During the WHO studies, only 16 percent of patients in underdeveloped countries are kept on the drugs, yet they had roughly 65 percent in the best outcomes category. Even in our own studies, if you looked at times when they did try to treat with non-drug alternatives, you'd see over 50 percent doing pretty well at two-year and three-year follow-ups.

If you look at the natural spectrum of people diagnosed with schizophrenia or schizoaffective disorder, and if you didn't treat them with drugs, somewhere around at least 50 percent, after a period of six months to a year, would recover and get

See **Mad In America** *page 15*

Mad In America

from page 14

on with their lives. But what happens once you put them on these drugs, and keep them on these drugs, you push them into this lifelong chronicity. I believe there's overwhelming evidence to show that's indeed what happens. That's why the World Health Organization found this difference in outcomes — chronic across the United States versus many people recovering in the poor countries.

Spirit: *Your book documents how these drugs work to induce brain pathology by disrupting the neurotransmitter, dopamine. Yet the picture psychiatry presented to the public was that antipsychotic drugs actually worked to "cure" psychosis, or worked to harmonize disorganized brain chemistry. Were you surprised at the extent of their fabrications?*

Whitaker: When I was doing the research, there would be these constant surprises, where I couldn't believe what I was finding. This is one of those findings, and it's absolutely haunting. It still haunts me. It's medical fraud — that's the only way to say it.

The story, as you said, was that they knew that the drugs blocked dopamine activity, and profoundly so. So then they hypothesized that people with schizophrenia must have too much dopamine in their brain to begin with; and therefore by blocking it, we're helping to "balance" the chemistry in the brain. That is the story that's still being told, that neuroleptics are "like insulin for diabetes." This became such a story, you can read it in medical textbooks in the 1980s. Interestingly, though, by the time that was being said, in the '80s, all the evidence said exactly the opposite. The evidence showed that prior to medication, people with schizophrenia did not have abnormal dopamine chemistry.

So neuroleptic drugs block the dopamine system — in other words, they're creating an abnormality in this important neurotransmitter. In response, the brain tries to cope with that blockage in two ways. Initially, it tries to pump out more dopamine, and then the brain starts burning out in its ability to do that. Then it actually sprouts more dopamine receptors. So if you look at the brain of a person who has been on neuroleptics, they have many more dopamine receptors than normal.

You're actually creating the very problem — too many dopamine receptors — that you said created schizophrenia in the first place. Their brain now becomes hypersensitive to dopamine — in other words, becomes abnormal. We even found by 1979 that as their brain sprouts these extra dopamine receptors, they actually do become more vulnerable to psychosis.

So by 1979 we actually had a good idea, in the research literature, that this whole story that the drugs normalized brain chemistry was a lie; and we also knew that we were knocking the brain off its normal mode of working, and that led to greater vulnerability to psychosis.

Spirit: *But they didn't tell the public?*

Whitaker: You know, at that moment, the moral obligation of medicine is to tell that to patients. At the very least you have to be honest about that, and you have to investigate that. Are you ready for this? In 1998, this is the final piece of this puzzle, the University of Pennsylvania did an MRI study in which they studied people placed on neuroleptics. They found that indeed the brains of those people so treated started showing changes in brain volumes. So you start seeing a shrinkage of the frontal lobes and an enlargement of the basal ganglia.



Marchers protested outside the American Psychiatric Association meeting in San Francisco on May 18, 2003. The Statue of Liberty proclaimed: "If you haven't got liberty you have nothing. Psychiatric drugging is unconstitutional." Lydia Gans photo

Years ago, the drug companies said they needed to expand their market for psychiatric drugs. Who did they go after? The children, because that's an untapped market. They've been very successful in that. If you chart psychotropic drug use in children, it's exploded.

So now we're seeing morphological changes in the brain. And here's the clincher: They found that those volume changes in the brain were associated with a worsening of the target symptoms. So the puzzle now all comes together, doesn't it? It fits with the World Health Organization's study. It tells you why people are becoming chronic — because you're giving them an agent that causes an abnormality in brain function, that causes changes in the brain that lend themselves to greater psychosis.

Spirit: *And it locks people in for the long term to what can be called "medicated schizophrenia."*

Whitaker: Oh, absolutely. What happens after these changes occur is that you can't go off these drugs easily, because you've got a changed brain. Then when you go off the drugs, and you have a relapse and become psychotic again, they say, "Aha, see, you need the drugs." But in truth, what we were seeing was someone who'd had his brain changed and that's why they weren't doing well when they were abruptly withdrawn from the drugs.

Spirit: *One of the side-effects of the neuroleptics is tardive dyskinesia, a severe form of motor dysfunction. Your research showed how a NIMH scientist, George Crane, warned about tardive dyskinesia for years but was ignored by the American Psychiatric Association, which negligently refused to pass on the warning. What does that say about informed consent?*

Whitaker: We're talking about a history in which you see a group of people not treated in any way according to the values we believe in normally.

First, tardive dyskinesia is not just a motor disability. That's how it shows up; you get the rhythmic movement of the tongue constantly moving in their mouths and you'll see disfiguring facial tics and other constant tic movements of the hands and feet. So it's showing up with physical symptoms, but many studies have found that you are really getting more generalized cognitive dysfunction, a more widespread sort of permanent brain dysfunction. That's a horrible thing to happen to a human being.

Now let's talk about the history of how we warned people about this. The first signs of this came up in the 1950s. The studies and letters started coming in about this odd development. Roughly five percent of the people placed on these drugs started developing tardive dyskinesia in the course of the *first year.*

George Crane, a psychiatrist and researcher at the National Institute of Mental Health (NIMH), started trying to raise the alarm over this in the late 1960s. He's comparing it to diseases like Huntington's disease, which is a horrible disease, a devastating disease. Crane says we're seeing that type of dysfunction.

Well, psychiatry doesn't want to hear about it, the FDA doesn't want to hear about it. They don't even want to put a warning box on the drugs. So Crane keeps on banging the drum, and finally you start to see the FDA willing to put a warning on. But now the American Psychiatric Association is not willing to acknowledge it; because to acknowledge this is to acknowledge that one of their mainstream medications that they're so proud of, is causing this incredible harm. And, of course, you've got lawsuits waiting in the wings if they admit to this.

It takes until the 1980s until the APA decides to send out a warning letter to its own members. They study it and set up task forces but they keep delaying and dawdling. And it's not until the lawsuits start moving forward on this that the APA finally sends out its warning label.

Spirit: *At the time, it was commonly accepted wisdom that these neuroleptic drugs were safe and very effective. Psychiatrists and the mainstream media reported that over and over for decades.*

Whitaker: Think of the betrayal you're talking about. And you know who got it the worst were kids and the elderly, who seemed to be the most vulnerable to tardive dyskinesia.

Spirit: *And they were even giving these drugs to juvenile delinquents and developmentally disabled adolescents.*

Whitaker: Absolutely, think about that. And they were given a drug that a certain percentage would end up with a form of permanent brain dysfunction. And you were also seeing early death with these drugs, sudden death. The betrayal of human beings here is mind-boggling.

Spirit: *Soviet political dissidents confined in that country's psychiatric facilities described being involuntarily dosed with neuroleptics as the worst form of torture. U.S. media and government officials were horrified at their treatment and denounced it as human rights abuses, yet remained oblivious to exactly the same outcry by U.S. patients that the neuroleptics were terribly harmful. How did we fail to make the connection that the same thing was happening here?*

Whitaker: The capacity for the powers that be in any country, and for a medical group like psychiatrists, to delude themselves is endless. The ruling powers and the doctors see themselves as doing good, and it's easier to see people in a foreign country as doing harm. How do you segregate this?

The *New York Times*, in reporting on the hearings related to the treatment of Soviet dissidents, said giving these neuroleptic drugs practically makes a person a vegetable. *The New York Times* said it was a form of a "spiritual gas chamber." Then they'll cover a trial about forced drug treatment of a mentally ill person in the United States and they'll talk about how the drugs are known to be widely efficacious.

How do you say it's a form of torture to give neuroleptics such as Haldol to Soviet dissidents, at the same time that people in the United States so treated are making the exact same complaints? The same drug when given to a Soviet person, we say is torture; but when that drug is given to someone in this country, we say it's efficacious.

It's mind-boggling. They would say the mentally ill "don't know what's good for them." So you render them voiceless again. We respect the dissident's subjective view of things, but we don't respect the mentally ill person's. We negate their being. We negate their subjective reality. As a society, we lie to ourselves. We delude ourselves every step of the way,

See **Mad In America** *page 16*

Mad In America

from page 15

and the capacity to delude ourselves is remarkable.

Spirit: *Your book tells how psychiatrists gave mescaline, LSD, and amphetamines to unsuspecting patients, deliberately worsening their symptoms, yet not informing them of the danger. Why do you charge that these experiments violate the Nuremberg code developed in response to Nazi medical experiments?*

Whitaker: This was my entry into my whole story. I came upon these experiments designed to make people worse. I just couldn't believe it. It just made no sense. The Nuremberg code comes out of the horrors of Nazi experiments during the era of Nazi Germany. Basically, you are not supposed to harm a medical patient; but even if you're going to put them in peril, the fundamental premise is that you have to let them know what you're going to do, and honestly so, and you have to tell them the risks. You can't lie to them about the purpose of the experiments, and you can't lie to them about the risks.

Spirit: *Yet, over and over, that's what U.S. psychiatrists did to their patients. They conducted very risky experiments with drugs and lobotomies without telling them of the risks...*

Whitaker: No question about it. They would say to themselves that they were just making their patients worse for a little while by giving them LSD, mescaline or amphetamines, and hopefully they'd learn something about the chemistry of the disease, and that's worthwhile. And they'd say these people are crazy anyway, so how can you possible inform them what you're going to do? That's how they rationalized it in their own minds.

What it comes down to is, you're not treating those people as people. You're not giving them the same rights or applying the same value system. So it's wrong, it's horribly wrong. It violates the Nuremberg Code. So you see this pattern of exploitation, and here's how grotesque it became. They would count up what percentage of people already psychotic became much worse when given amphetamines. Supposedly, that was teaching them something about the neurotransmitter system. It didn't ever turn out to be true, but that's what they kept telling themselves.

Spirit: *You wrote of a man labeled as a neurotic, not psychotic, whose only symptoms were tension and inability to relax. He was given mescaline deliberately to trigger hallucinations and panic, then was lobotomized and again given mescaline. It was just heartrending.*

Whitaker: Paul Hoch [research director at the New York State Psychiatric Institute] found that you can take a neurotic person and drive them into psychosis with LSD and mescaline. Then he decided to lobotomize them to see if they would still be able to become psychotic. So he lobotomized them, and then gave them mescaline and LSD. If he couldn't make them psychotic, then he would know that psychosis may be located in whatever part of the brain he took out. Think about that.

He just sacrificed those people! Those people were just plain, outright sacrificed for research, in the same way that you'd sacrifice a cat. And no one cared. And you know what's interesting? Since the book came out, I thought there would be something in the press about that. But no one cared about that. I've done many, many interviews, and you're one of the first people to ask me about that.

Spirit: *You found that those kinds of experiments continued for 50 years?*

Whitaker: In 1998, you could still find experiments where they would take people stumbling into emergency rooms, first episode. So let's say you got a kid, and he's in dire trouble, and they would do an experiment on him, rather than do something to knock down his emotional turmoil. Instead, they would give him amphetamines or Ritalin, to see if it would make him worse. Imagine that!

Then, the final thing is, when you look at the "informed consent" on this, sometimes they would tell the patients they were giving them medications. But you would never, ever see in the "informed consent" that they were giving them an agent expected to make them worse. So this research is being done in an arena of lies, is the only way to put it. It's a value system that doesn't represent this group of people as human beings.

Spirit: *This treatment of mental health patients as subhuman leads us into your research on eugenics. The eugenics philosophy led Nazi Germany to decide that certain races or groups were biologically inferior and that led to the euthanizing of mental patients and the homeless, along with Jewish and Polish people. But didn't your research show that the eugenics movement in America played a major role in segregating the mentally disabled in institutions and forcibly sterilizing them so they couldn't procreate?*

Whitaker: The history of psychiatry leads you into an amazing social history of the United States itself, the history that we don't tell ourselves much. So if you go to an American school, and they bother to teach you about eugenics, it will be talked about in association with Nazi Germany. You just won't hear about it in association with the United States. In fact, I bet you can go up to 100 people on the streets, and very few will have any idea that the U.S. had its eugenic period.

Spirit: *Didn't the U.S. eugenics movement deeply influence Nazi Germany?*

Whitaker: Eugenics got its start here in the United States, not in Nazi Germany. So it was here that it was nurtured as a "science." It was here where we first put in social policies based on eugenics. We started saying the mentally ill couldn't marry. We said that the mentally ill have a defective gene, and that mental illness was a single-gene recessive disorder, like blue eyes. They said to keep that "insanity gene" from being passed on, in addition to preventing them from marrying, we need to lock them up.

So asylums changed from places that were, theoretically, shelters and refuges where people could be nursed back to health, which was the original idea in the 1800s. They became places where we would lock up the mentally ill because we didn't want them out on the street where they might have kids and pass on their quote-unquote "insane gene."

As part of that, we started putting people in asylums and not letting them out. As we did that, we started believing that you couldn't ever get better from mental illness. Whereas in the 1800s, you see over 50 percent of people going into a mental asylum being discharged within 12 months, and many never coming back. All of a sudden you see, in the first part of the 20th century, people being put into asylums and not being let out for years or decades until they passed their "reproductive age."

And who are we locking up? Well, it's immigrants who are more likely to be put in asylums, it's the poor, it's African Americans. So, in other words, it's everybody but the ruling class, basically, who is most likely to be so labeled and diagnosed and to be put into these asylums for years.

Now if you follow this forward and look at how eugenics absolutely shaped and, in a way, continues to shape our treatment, it's that we devalued those people. Under eugenics policies we said, "They're a threat to us." We started talking about the mentally ill as a social cancer that needs to be cut out of the body politic. In fact, it's here, in this country, where doctors first started talking about killing the mentally ill, mercy killing.

Spirit: *Yes. Mercy killing "with proper gases" in "euthanistic institutions" as one American doctor put it.*

Whitaker: Yeah, with appropriate gases. As early as 1921, a Connecticut legislature tours an asylum, and a man who was manacled to an iron bed is exhibited as a case for "mercy killing." And this is reported in the *New York Times* as absolutely understandable. There's no outrage. This is all well before Hitler came to power.

Spirit: *And prominent psychiatrists parroted the eugenics line that mental patients were genetically deficient and argued for compulsory sterilization?*

Whitaker: Oh, absolutely! Certainly, forced sterilizations had a lot of support among mainstream psychiatrists. I will say that, as the eugenics movement started rolling in the 1920s and really got going, you did have a splinter group of psychiatrists starting to say that it was awful. So you really see psychiatry bifurcate in the late 1920s and 1930s, and some starting to protest against it. But by and large, there are certainly plenty of psychiatrists who are giving support to this idea of forced sterilization and they're *doing* it.

Spirit: *Some of these practices were then emulated in Nazi Germany by their psychiatrists and carried out full force.*

Whitaker: Well yeah, exactly. You follow the dominoes forward. What happens is the Nazi movement comes to power in 1933 and the eugenicists that are part of Hitler's government have close ties to American eugenicists. They even talk about going to school on California's sterilization program and — this is fascinating — the German Nazis say that California has been doing a good job of sterilizing its mentally ill, but there's not enough protection, not enough due process with the California way of doing it!

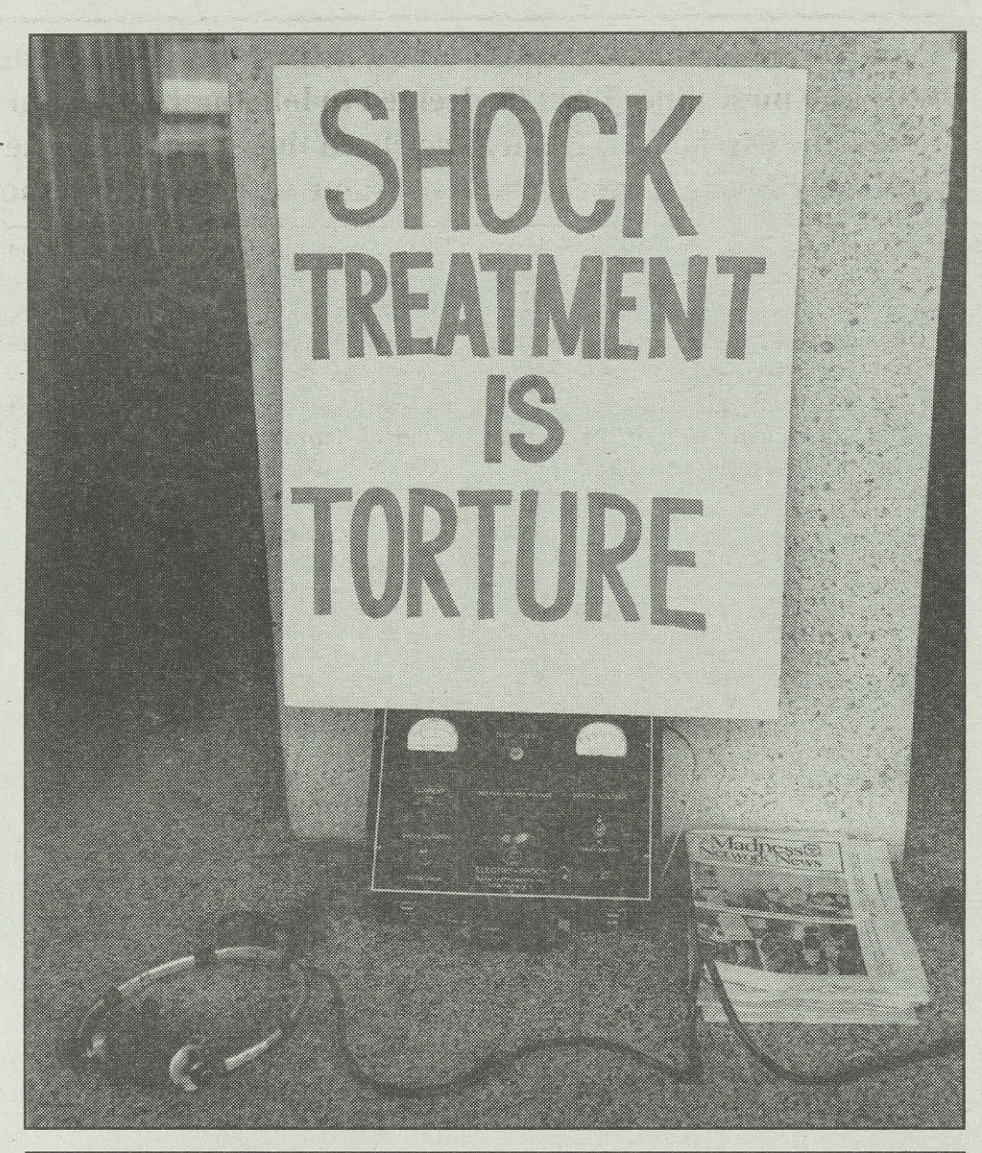
They wanted to make sure there's some due process in Nazi Germany. They actually said they're going to make their sterilization program more just, more legal. So they thought they were putting in place a more humane and more legal program for forced sterilization. And now they start sterilizing people in good numbers. Well, now the American eugenicists start complaining that the Germans are beating us at our own game.

Spirit: *Our eugenicists actually envied the Nazis for outperforming them in sterilizing psychiatric clients?*

Whitaker: Absolutely. Our eugenicists here are complaining that they're getting ahead of us. So we actually sent people over there to study how Nazi Germany is ramping up their sterilization process. Who is the first group that Nazi Germany finally does kill? It's the mentally ill. That's where euthanasia got started. Then, of course, they expanded it to Jews and others, but it began with the mentally ill.

So you follow that story forward, and what you have here is an American nourishment of a belief system that horribly devalues the mentally ill. And then you see social policies arise out of that devaluation — forced sterilization and segregation from society. Then you see Nazi Germany pick up on that and implement it. And in those early years of Nazism, 1933, '34, '35, you don't see America saying that it's terrible. American eugenicists were saying we've got to keep up with the Germans!

See **Mad In America** *page 17*



If you remember patients getting electroshocked in the past and having to be dragged off to the table; well, at the time, of course, the story was that it was good for them, right? But what do we know today? We know it was as abusive as hell. It was horrible. And there's a lesson to be learned here: If you ignore the voice of those so treated, you do so at great peril of doing real harm.

Mad In America

from page 16

Something else that's quite amazing. When did sterilizations peak in this country? In the 1940s and 1950s. As we fought the Nazis in the 1940s, we didn't even look into our own selves and see that our own sterilization programs were part and parcel of the same thing.

Spirit: *Part of the same value system that looked down on mental patients as subhuman?*

Whitaker: Exactly. So we continued with our sterilizations after the Germans stopped. And, in fact, these brain-damaging therapeutics — forced electroshock, metrazol convulsive therapy and lobotomy — they definitely arise out of the eugenics era where you devalue these people.

Well, the Germans, after World War II ended, were trying to come to grips with their Nazi past, and many Germans looked upon lobotomy with horror, because they saw it as consistent with that eugenic past. But meanwhile, we were treating it as a form of medical brain surgery. We were still forcibly sterilizing patients, repetitious electroshock, lobotomy — we didn't examine our own eugenic past, unfortunately.

Spirit: *You also document how U.S. psychiatrists have a poor track record of disproportionately giving negative diagnoses of severe mental illness to very poor people and African Americans.*

Whitaker: When you talk about diagnosing someone as schizophrenic, for example, a subjective element can come into play because you have a doctor with a certain worldview, and who is white, judging someone else. It's very clear throughout the 20th century that those most like to be diagnosed as schizophrenic were the poor and African-Americans.

They would do studies where they would have, in writing, a group of symptoms that they would show to doctors, and the only thing they would change on the paper would be the color of the person. When they did this, it's the black male who gets diagnosed schizophrenic, whereas the white male gets a milder diagnosis. Same set of symptoms, but if it's a white person they think they're judging, it becomes a milder diagnosis. There's a lot of subjective element in the diagnosis, and clearly there's a political element as well, because we tend to say those who don't share our views are crazy.

Spirit: *And the poor, who may look and act unlike us, and who are dealing with stresses we don't understand at all, may end up looking delusional.*

Whitaker: Absolutely. Sometimes if you look at those diagnosed as schizophrenic, you see that it's sometimes a tag placed on people who maybe aren't as physically appealing. It's amazing the way you see this. And if you're poor, and you have stresses and you don't have shelter, how are you going to act? Think about this. How are you going to act if you've got a kid to care for, you've got no job, you've got no place to stay, you don't have a good relationship — you're going to be wracked by stress. Anybody's going to be not behaving very well.

Spirit: *Stressed-out, depressed, hostile, and that's all very understandable given the conditions they face on the street, but not understandable maybe to an upper-class, white psychiatrist who is looking for signs of mental illness.*

Whitaker: Exactly, then you come in with dirty clothes or something and that adds to it. And finally on this subject, what's happening to foster kids today? You get put into foster care and you basically get a diagnosis of mental illness. In one study, 80 percent of the kids in foster care were being medicated with antidepressants, Ritalin and antipsychotics. In this country, we're almost getting to where being poor, or coming from a broken family where you have to be placed in foster care, means you're therefore mentally ill. You're getting that diagnosis hung on you. That's why we're seeing two-year-olds being diagnosed with psychosis.

Spirit: *And then it becomes a self-fulfilling prophecy because the medication locks you into this dysfunctional pattern.*

Whitaker: Ten years ago, the drug companies said they needed to expand their market for psychiatric drugs, and who did they go after? The children, because that's an untapped market. And they've been very successful in that. If you chart psychotropic drug use in children, it's exploded. And what do we have today? We have a "crisis" in crazy kids, in psychiatric illness among children.

In other words, 10 years later, use of the drugs hasn't led to less problems among the kids, but every sign that psychiatric problems are exploding among the children. That only makes sense if you understand that the drugs indeed cause abnormalities in neurotransmitter function, and when you do that with drugs you get serious psychological and emotional problems. So we clearly are, with this widespread use of the drugs, creating an ever-expanding population of kids who are psychiatrically disturbed — but it's coming from the treatment.

Spirit: *Let's look at the new atypical antipsychotics that are being called wonder drugs. For decades, the official story was that electroshock and lobotomy didn't cause pain to patients and improved their lives. Only after many years did the public realize the full extent of the damage they caused. Then the same kind of world-saving claims were made for neuroleptic drugs, followed by a revelation of horrible side-effects. Are you concerned that the same pattern is now being replayed with the claims that the atypicals — drugs such as Zyprexa, Clozaril and Risperdal — are wonder drugs?*

Whitaker: Absolutely, I am. Clearly they do have side-effects. A couple things to know about the new drugs, the atypicals. First of all, the clinical trials to test them were totally bogus. They were designed to make the old drugs look bad and the new drugs look good. That's coming out now, the fact that these studies painted an exaggerated picture of the atypicals. They may be no more efficacious and they may have just as many side-effects as the older neuroleptics. So that tells you there's plenty of reason to worry. Now that we've had them out for eight to ten years, we're finding out all sorts of problems.

The good story is that in some instances they're using lower dosages of these atypicals, and because they're using lower dosages, people are finding them less problematic. They don't clamp down as strongly on the dopamine system as the old drugs. So that's good and hopeful.

The negative part is this: They've clearly lied about what these drugs do. They're powerful drugs and they work on a number of neurotransmitter systems. And they clearly are problematic. With olanzapine [marketed as Zyprexa], you're going to see that. Just as tardive dyskinesia was lying in wait all the time with the standard neuroleptics, diabetes is there with olanzapine, big time. And diabetes is a life-threatening, life-shortening disease. So you give that drug to a 12-year-old, a 15-year-old, an 18-year-old and they develop diabetes and 80 pounds of weight gain — that is a very harmful thing.

Spirit: *I've heard mental health advocates say that the immense weight gain is a big problem, but I didn't realize that Zyprexa was linked to diabetes and high-blood sugar before reading your book.*

Whitaker: That's huge. Let me tell you how huge that is. You see this 80-pound weight gain and, in one recent study, in six weeks, three percent got new-onset diabetes, which is huge. This is why I say it's waiting there in the wings. First of all, to gain 80 pounds in six months or so, that's a sign of metabolic dysfunction; you've got something profoundly wrong, something in your metabolism that's gone horribly haywire. So diabetes developing in six weeks, that's a real problem, right?

Now, interestingly enough, who is starting to bring this out? Its competitors, people bringing new drugs to market, are now rounding doctors up and saying that with olanzapine (Zyprexa) you're getting a huge problem with diabetes (laughing). So, for example, in Boston a couple weeks ago, there was one of these fancy dinners where doctors go to be educated. Well, it was sponsored by one of the competitors to Eli Lilly, and it was on the problem of diabetes with olanzapine. But, if you talk to psychiatrists who are at all honest with this, they will say the problem with diabetes and olanzapine is huge.

Now we've got a double problem. Because we have convinced ourselves that olanzapine is such a great drug, and we're giving it to so many people, we are now exposing people to metabolic dysfunction, huge weight gains and diabetes who clearly aren't that "ill" or deep in psychic turmoil to begin with. Look at how our society is embracing olanzapine, giving it to two-year-olds. Can you imagine giving a two-year-old an antipsychotic which can cause diabetes and weight gain? Well, we're doing it!

Spirit: *Those are side-effects that can greatly shorten their life spans.*

Whitaker: Oh, of course! Eighty pounds? Diabetes? You're talking about a death sentence. No question. There was another study that no one wants to talk about in which kids placed on olanzapine ended up with shrunken brains in the cerebral cortex. Now the researchers said that was a sign of the disease process. Well, I'd say you look at that study and what you've got is nothing less than the same thing we saw with the old neuroleptics — you've got brain changes, in this case the loss of cerebral cortex that's associated with being on the drug.

Spirit: *Just as Zyprexa's competitors are pointing out its defects, the same thing happened earlier with the neuroleptics. Psychiatrists ignored patients' complaints about the neuroleptics for four decades, then ignored Sen. Birch Bayh's 1975 Senate hearings on their terrible effects. It took them until the 1990s to finally admit that two-thirds of patients on neuroleptics had "persistent Parkinson's symptoms." Your book charges that they only admitted that because the new atypicals were coming out and they wanted to show how they were superior to neuroleptics.*

Whitaker: Right. All of a sudden it becomes an economic incentive to admit the failure of the old drugs. And that's what's happening again. Now other doctors are being paid to tout the new drugs, and those companies clearly want to have a drug that's competitive to olanzapine, so there's an economic incentive to acknowledge that it's associated with diabetes. And I guarantee you, whatever we say the risk is today, we know it's underreported.

Spirit: *New therapies can be heralded as wonder treatments because they don't have the same bad effects as the old; but often, it's just that the side effects are different and take years to emerge. In that period before the new side effects become evident, drug companies are free to claim they have no downside.*

Whitaker: You know something, I honestly believe that in some ways the new drugs are worse. What you're seeing is some of the benefits of lower dosages. You would think that they would be more problematic because they're acting on a [illegible] of neurotransmitter systems. They're knocking down serotonin transmission, dopamine transmission, they affect other neurotransmitters. They're really broad-acting drugs.

At least equally problematic is that trying to go off these new atypicals seems maybe even worse than the old drugs. Because you're talking about metabolic systems being affected, you have to ask if you're going to have even greater instances of early death.

Also, people will be on four or five drugs at once. The reason they're on four or five drugs is because the first drug is causing so many problems, so they'll prescribe others to mask or counteract this. So a common way of prescribing today is they'll prescribe an antidepressant and an atypical. So the atypical knocks down your serotonin activity and the antidepressant ups it. I mean it's bizarre. It's like pulling the person in two directions.

Spirit: *Clozaril is another highly touted new atypical, yet I've also heard reports that it has dangerous side effects.*

Whitaker: Of course when Clozaril, or clozapine, first was developed back in the 1970s, they weren't going to bring it out because it was just seen as too dangerous. The interesting thing with clozapine is, some people say it seems to produce the best change in terms of mental alertness and mental behavior in some subgroup of people, even though it is a horribly sedating drug. You do get weight gain with clozapine, which of course is a problem.

It's densely sedating. You have the same signs as with olanzapine (Zyprexa) of metabolic dysfunction. In addition, it can cause a potentially fatal depletion of white blood cells. Ironically (laughing) — and this shows what the state of antipsychotic drug development is — you could make a case that clozapine is still the best drug, given all those problems!

See **Mad In America** *page 19*

Paul Hoch found that you can take a neurotic person and drive them into psychosis with LSD and mescaline. Then he decided to lobotomize them to see if they would still be able to become psychotic… He just sacrificed those people! Those people were just plain, outright sacrificed for research, in the same way that you'd sacrifice a cat.

And who are we locking up? Well, it's immigrants who are more likely to be put in asylums, it's the poor, it's African Americans. So, in other words, it's everybody but the ruling class, basically, who is most likely to be so labeled and diagnosed and to be put into these asylums for years.

Electroshock: A Crime Against the Spirit

from page 9

SEVEN REASONS FOR ELECTROSHOCK

If electroshock is an atrocity, as I maintain, how can its use on more than six million Americans since being introduced more than 60 years ago be explained? Here are seven reasons:

1. *ECT is a money-maker.* Psychiatrists specializing in ECT earn $300,000-500,000 a year compared with other psychiatrists whose mean annual income is $150,000. An in-hospital ECT series costs anywhere from $50,000-75,000. One-hundred thousand Americans are believed to undergo ECT annually.[15] Based on this figure, I estimate that electroshock is a $5-billion-a-year industry.

2. *Biological model.* ECT reinforces the psychiatric belief system, the linchpin of which is the biological model of mental illness. This model reduces most serious personal problems down to genetic, physical, hormonal, and/or biochemical defects which call for biological treatment of one kind or another. The biological approach covers a spectrum of physical treatments, at one end of which are psychiatric drugs, at the other end is psychosurgery (which is still being used, although infrequently), with electroshock falling somewhere between the two. The brain as psychiatry's focus of attention and treatment is not a new idea. What Swiss psychiatrist Carl G. Jung wrote in 1916 applies today: "The dogma that 'mental diseases are diseases of the brain' is a hangover from the materialism of the 1870s. It has become a prejudice which hinders all progress, with nothing to justify it."[16] Now, 90 years later, there's still nothing in the way of scientific evidence to support the brain-disease notion. The tragic irony is that the psychiatric profession makes unsubstantiated claims that mental illness is caused by a brain disease (or is, in fact, a brain disease) while hotly denying that electroshock causes brain damage, the evidence for which is overwhelming.

3. *The myth of informed consent.* While outright force is no longer commonly used in the administration of ECT, genuine informed consent today is never obtained because ECT candidates can be coerced into "accepting" the procedure (in a locked psychiatric facility, it is often, like the Godfather's, "an offer that can't be refused") and because electroshock specialists refuse to accurately inform ECT candidates and their families of the procedure's nature and effects. ECT specialists lie not only to the parties vitally concerned, they lie to themselves and to each other. Eventually they come to believe their own lies, and when they do, they become even more persuasive to the naïve and uninformed. As Ralph Waldo Emerson wrote in 1852, "A man cannot dupe others long who has not duped himself first."[17] Here is an instance of evil so deeply ingrained that it's no longer recognized as such. Instead we see such outrages as ECT specialist Robert E. Peck titling his 1974 book, *The Miracle of Shock Treatment*, and Max Fink, a leading ECT proponent who for many years edited *Convulsive Therapy* (now called *The Journal of ECT*), telling a *Washington Post* reporter in 1996, "ECT is one of God's gifts to mankind."[11] (p. 16)

4. *Backup for treatment-resistant psychiatric-drug users.* Many, if not most, of those being electroshocked today are suffering from the ill effects of a trial run or long-term use of antidepressant, antianxiety, neuroleptic, and/or stimulant drugs. When such effects become obvious, the patient, the patient's family, or the treating psychiatrist may refuse to continue the drug-treatment program. This helps explain why ECT is so necessary in modern psychiatric practice: it is the treatment of next resort. It is psychiatry's way of burying their mistakes without killing its patients — at least not too often. Growing use and failure of psychiatric-drug treatment has forced psychiatry to rely more and more on ECT as a way of dealing with difficult, complaining patients, who are usually hurting more from the drugs than from their original problems. And when the ECT fails to "work," there's always — following an initial series — more ECT (prophylactic ECT administered periodically to outpatients), or more drug treatment, or a combination of the two. That drugs and ECT are for practical purposes the only methods psychiatry offers to, or imposes on, those who seek "treatment," or for whom treatment is sought, is further evidence of the profession's clinical and moral bankruptcy.

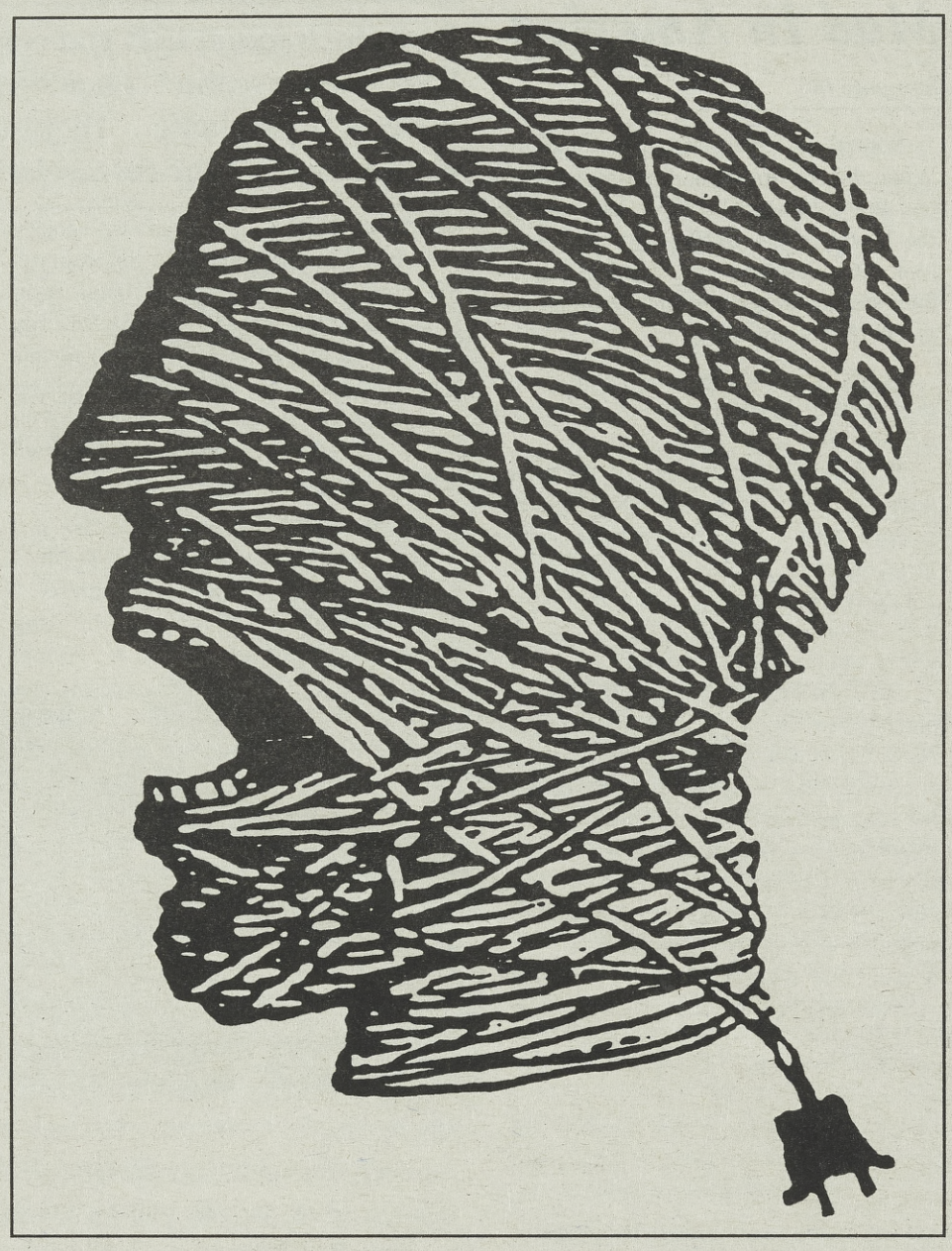
5. *Lack of accountability.* Psychiatry has become a Teflon profession: criticism, what little there is of it, doesn't stick. Psychiatrists routinely carry out brutal acts of inhumanity and no one calls them on it — not the courts, not the government, not the people. Psychiatry has become an out-of-control profession, a rogue profession, a paradigm of authority without responsibility, which is a good working definition of tyranny.

6. *Government support.* Not only does the federal government stand by passively as psychiatrists continue to electroshock American citizens in direct violation of some of their most fundamental freedoms, including freedom of conscience, freedom of thought, freedom of religion, freedom of speech, freedom from assault, and freedom from "cruel and unusual punishment," the government also actively supports electroshock by licensing and funding hospitals where the procedure is used, by covering ECT costs in its insurance programs (including Medicare), and by financing ECT research (including some of the most damaging ECT techniques ever devised). A recently published study provides an example of such research. An ECT experiment, conducted at Wake Forest University School of Medicine/North Carolina Baptist Hospital, Winston-Salem, between 1995 and 1998, involved the use of electric current at up to 12 times the individual's convulsive threshold on 36 depressed patients. The destructive element in ECT is the current that causes the convulsion: the more electrical energy, the greater the brain damage. This reckless disregard for the safety of ECT subjects was supported by grants from the National Institute of Mental Health.[18]

7. *Electroshock could never have become a major psychiatric procedure without the active collusion and silent acquiescence of tens of thousands of psychiatrists.* Many of them know better; all of them should know better. The active and passive cooperation of the media has also played an essential role in expanding the use of electroshock. Amidst a barrage of propaganda from the psychiatric profession, the media passes on the claims of ECT proponents almost without challenge. The occasional critical articles are one-shot affairs, with no follow-up, which the public quickly forgets. With so much controversy surrounding this procedure, one would think that some investigative reporters would key on to the story. But it's happened only rarely up to now. And the silence continues to drown out the voices of those who need to be heard.

In "Letter from Birmingham City Jail," Martin Luther King wrote, "We shall have to repent in this generation not merely for the vitriolic words and actions of the bad people, but for the appalling silence of the good people." In these perilous times, Dr. King's words need to be taken seriously.

While electroshock is being used anywhere on anyone, I will continue to write and speak the truth about electroshock. I will do so not only on behalf of those of us who have survived electroshock more or less intact, but on behalf of those who are right now undergoing ECT or who will be faced with it at some time in the future. I will also do so on behalf of the silenced ones, the ones whose lives have been ruined, and the ones who died — the true victims of electroshock, all of whom bear witness through my words.



I'll close with a short paragraph, in way of summary, and a poem I wrote.

If the body is the temple of the spirit, the brain may be seen as the inner sanctum of the body, the holiest of holy places. To invade, violate, and injure the brain, as electroshock unfailingly does, is a crime against the spirit and a desecration of the soul.

AFTERMATH

With "therapeutic" fury
search-and-destroy doctors
using instruments of infamy
conduct electrical lobotomies in
little Auschwitzes called mental hospitals.

Electroshock specialists brainwash
their apologists whitewash
as silenced screams echo
from pain-treatment rooms
down corridors of shame.

Selves diminished
we return
to a world of narrowed dreams
piecing together memory fragments
for the long journey ahead.

From the roadside
dead-faced onlookers
awash in deliberate ignorance
sanction the unspeakable —
Silence is complicity is betrayal.

END NOTES

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For more information about Support Coalition International and electroshock, go to http://www.MindFreedom.org. Leonard Frank may be contacted at 2300 Webster St., #603, San Francisco, CA 94115; by e-mail at lfrank@igc.org; by phone at (415) 922-3029.

Mad In America

from page 17

Spirit: *It seems that psychiatry is the field of study that has yet to become a real science. It has produced very little except various ways to sedate and vegetate people. The real insight into the mind is just not there, the real therapies are not there. It hasn't advanced beyond the idea of damaging the brain to dampen symptoms.*

Whitaker: And finally, some bigwigs in science journals are saying exactly that. They admit that since the introduction of psychotropic drugs in the 1950s, outcomes really haven't improved; and second, that outcomes are really no better than they were 100 years ago. Third, they admit that we really don't have any idea what causes schizophrenia. That's actually refreshing, because admitting that you don't know anything is a start.

Spirit: *You've documented how the highly profitable pharmaceutical industry has corrupted the independence of the drug testing process, even at universities.*

Whitaker: Pharmaceutical money flows to the universities, it flows to those who do the research and to those who speak about the drugs and write up the reports. Those getting the money know the game is to spin the story to reflect well on the drugs. And you spin it at every step of the process, beginning with how the trials are designed, so it has led to corruption through and through.

It leads to a false story. It leads to a story that hypes or exaggerates the drugs' effectiveness and hides the problems. So it leads to bad medicine through and through because it doesn't give an accurate picture of the medicine.

Spirit: *One of the few bright spots in your book is the "moral treatment" in humane facilities operated by Quakers in England and Pennsylvania in the 1800s. What can we learn today from this?*

Whitaker: There's two lessons from moral treatment. One is simply that treating people in a humanitarian fashion, treating those we say are "mentally ill" just as we would treat anyone else, has a benefit. People respond to friendship, exercise, good food. People respond to an environment in which they are valued. So those things are therapeutic, and that should not be surprising. The moment in which you say that the "mentally ill" are simply part of humanity, they're like us, then of course you'd expect them to respond, because we all respond to those things — having a place to be, friendship and love. In fact, if you don't have those things, "normal" people start to become sick.

The second thing you learn from the moral treatment of the past is that our modern view of so-called serious mental illnesses — "once a schizophrenic, always a schizophrenic" — that it's somehow a permanent, physical disorder, is just not true. Many people can descend into psychosis and get better, and remain better their whole lives. So this diversity of outcomes in the 1800s shows that the story we're telling ourselves that schizophrenia is a lifelong disorder for everyone — that's a lie. It's not true. It's a lie that removes hope needlessly from people who descend into this difficult time, and that's cruel.

Spirit: *What's been the reaction of the psychiatric establishment to your book?*

Whitaker: The reaction of the psychiatric establishment, the powers that be, has been hostile. I've been trashed in different publications. However, they attacked me personally. They said I was a "good journalist gone bad," stuff like that. They didn't attack what I wrote, the facts, the truth. I've had no one point out a misquote or a misuse of a study — nothing of that. Zero. Zip. And when I wrote about the corrupt drug trials — nothing. No challenge to that. Zero. So the fact is that they trashed me personally, but didn't go after what I wrote itself and didn't say, "he was wrong here." That is rather revealing.

There have been some psychiatrists who are critical of psychiatry who have been encouraged by the book. But that has been a distinct minority of psychiatrists who have reacted that way (laughing). But there's been real hostility.

Spirit: *Was it a scarring experience to be trashed by the powers that be?*

Whitaker: No, it absolutely has been the most rewarding journalistic experience of my life by far. The reason is because those who have been voiceless, so to speak, that we've talked about, have been thankful and wonderful in letting me know they appreciated someone telling their story. That's a wonderful thing to happen. It's a privilege to be able to tell this story. I feel honored by that.

It is an instance of doing journalism where you're afflicting the comfortable and comforting the afflicted.

Finally, you meet great people. The people who have been through this and come out the other side with their sanity and their dignity intact are amazing human beings — and courageous beyond belief.

Spirit: *What has been the reaction of the mainstream press to your book?*

Whitaker: The reaction of the mainstream press was muted. The press actually comes in for some criticism in my book. The newspaper reviews were hedged, like, "He makes some good points but he goes too far."

Spirit: *Like all prophets go too far.*

Whitaker: (laughs) What you see in these newspaper reviews generally is a defense of the status quo.

Spirit: *Don't rock the boat.*

Whitaker: You can rock it a little bit, but don't rock it too much. And really don't rock this story, this paradigm that we have out here of progress. The reviewers wouldn't dare address the WHO studies; they just wouldn't bring them up in their reviews. It showed that they had a need to sort of hang onto the story we've told ourselves, and they did so by not even bringing up the damning evidence.

Drug Companies

from page 10

Sunday inserts, and magazines. Do you see advertisements for drugs? Remember when tobacco advertising filled the airwaves and print media?

The use of medication to "treat" mental illness is regarded as a sacred cow. When will we realize that this "treatment" may really be more like the golden calf or perhaps the Trojan horse?

There is clearly a missionary zeal to embrace the belief that pharmaceuticals are safe and that research methodologies and reports are unbiased. It's much more palatable to believe that emotional "disease" and/or homelessness are the products of a broken brain, and that the proper remedy is medication, than to actually reflect upon the myriad causes of "disease" and the risks associated with this "treatment."

Drug companies have deep pockets, but federal and state governments and those acting in a fiduciary capacity should also be liable for any harms caused by the drugs that persons are coerced to accept. We are all on notice. We must ensure that all persons have the right to fully informed consent and that others, even those who claim to be using the latest scientific methods, do not determine the amount of risk that is acceptable to another.

When will physicians, HMOs, elected officials, and those employed in public, private or public/private partnerships take the following pledge?

"I pledge to accept no money, gifts or hospitality from the pharmaceutical industry; to seek unbiased sources and not rely on information disseminated by drug companies, and to avoid conflict of interest in my practice, teaching and/or research." — from the physicians' No Free Lunch Pledge, published in *Hadassah Magazine*, June/July 2002.

Zyprexa: Prescription for Diabetes and Disease

from page 7

moderate weight gain." [*Pharmacotherapy,* July 2002]

There is also an added risk of death for elderly people with dementia taking Zyprexa and other atypicals. In early 2005, the FDA analyzed the results of 17 placebo-controlled trials involving the atypicals, including Zyprexa. The agency found that older patients with dementia who were given the pills were 1.6 to 1.7 times more likely to die, mostly from heart-related problems like heart failure or infections like pneumonia, as those given placebos.

Based on this review, the FDA now requires the makers of these drugs to place black-box warnings for elderly patients with dementia on labels for the atypicals. Black-box warnings are reserved for drugs posing the greatest health risks. [*New York Times,* April 12, 2005]

But there is no black-box warning for children and adolescents being prescribed Zyprexa, and doctors apparently are prescribing the drug to growing numbers of youngsters. The drug has not been FDA-approved for any childhood condition; but doctors have been prescribing Zyprexa and other atypicals for autism, attention deficit disorder, hyperactivity, withdrawal, and aggression. Children in foster homes are especially vulnerable to this kind of abuse.

Weight gain may be the most troubling effect of Zyprexa because it, in turn, causes many other problems. The weight-gain issue should not be minimized as was done by Dr. Alan Breier, Eli Lilly's vice president of pharmaceutical sales and head of the Zyprexa product team, who told the *Indianapolis Star* on April 16, 2003, that Zyprexa, like some of the other antipsychotic drugs, causes weight gain in about half of all users. *Excessive* weight gain would have been a more accurate way of putting it.

Practically everyone taking Zyprexa gains at least some weight attributable to the drug. Breier also said that while weight gain is a risk factor for diabetes, it doesn't of itself necessarily lead to diabetes. Sure, and smoking doesn't of itself necessarily lead to lung cancer.

Extreme weight gain can result in obesity, which in recent years has reached near-epidemic proportions in the United States. Obesity further increases the risk of diabetes. There are now 18 million diabetics in this country. With more than half a million current users, Zyprexa is worsening an already critical situation.

The obesity problem is illustrated in the following excerpt from Sharon Begley's *Newsweek* article on March 11, 2002, in some ways favorable to Zyprexa, which broadly describes the drug's effects:

"Although the voices and visions don't always disappear, the new drugs [i.e., the atypicals] can allow people with schizophrenia to hold jobs and have families. Still, they increase appetite, and may alter metabolism, resulting in what [Richard Wyatt, chief of neuropsychiatry at the National Institute of Mental Health] calls 'the enormous problem' of huge weight gain. [Donna Willey, a patient interviewed for the article] gains 20 pounds a year on Zyprexa, and has ballooned from 120 pounds to her current 280. That makes some reluctant to take the drugs. Another side effect is foggy thinking, the feeling that brain signals are trying to push through caramel. Patients may also lose their libido. For all the power of the new drugs, they are treatment and not cure."

Lives diminished, lives shortened, lives destroyed! All this misery and suffering, and for what advantage? One review of 52 studies involving 12,649 patients concluded, "There is no clear evidence that the atypical antipsychotics are more effective or better tolerated than conventional antipsychotics." [John Geddes et al., *British Journal of Psychiatry,* December, 2000]

Eli Lilly executives, however, take no responsibility for the harm they've caused. They've made no apology. There's been no contrition. There's only been denial. Eli Lilly CEO Sidney Taurel has said of the legal settlement: "While we believe the claims are without merit, we took this difficult step because we believe it is in the best interest of the company, the patients who depend on this medication, and their doctors. We wanted to reduce significant uncertainties involved in litigating such complex cases."

These were not off-the-cuff remarks; they were included in Eli Lilly's press release on the settlement. Such a response would be laughable were the issues less serious for the public and for Eli Lilly shareholders. One can only imagine what these shareholders think about a chief executive who authorized the payment of $690 million in damages for claims, then could only make the pretence that the claims were "without merit."

But given Zyprexa's profitability, Eli Lilly shareholders may have little to complain about. The expense is just a cost of doing business. Besides, what's a charge of $690 million, or even $1.07 billion, against profits of many billions that Lilly has made from Zyprexa since its introduction nine years ago, to say nothing of the future profits it can be expected to earn?

How have recent developments in the legal arena affected Zyprexa sales and the price of Eli Lilly's stock? Worldwide Zyprexa sales fell 10 percent in the second quarter of 2005 compared with the same period in 2004; while in the United States, Zyprexa sales for like periods dropped 21 percent. More important, at least in terms of the shareholders' immediate interests, Eli Lilly's stock has declined roughly 16 percent from a high of $67.30 during the last 12 months to its current price at the end of July, of $56.32.

Because of Enron's fraudulent accounting practices, many people lost their savings. Because of fraudulent drug-information from Eli Lilly, many more people lost their health or their lives. But unlike the Enron scandal, none of the responsible parties at Eli Lilly has been sent to prison or even been charged with a crime. Bringing Eli Lilly executives to justice is not likely to happen anytime soon.

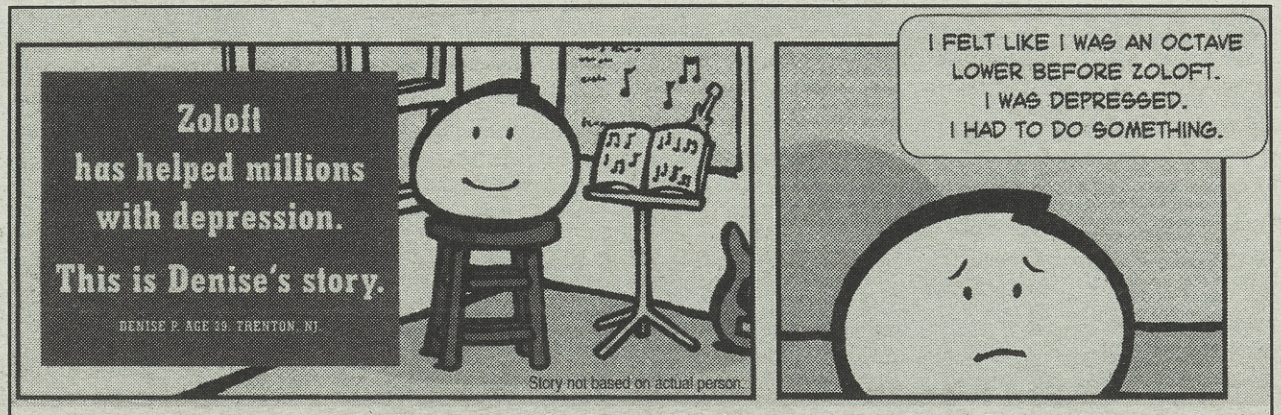
Meanwhile, what is to be done? Call it a crime; call it a tragedy; it's surely a public-safety problem of vast proportions, one demanding government intervention. Warning people who take or might take Zyprexa about its grave risks is not a sufficient safeguard.

When, in the early 1960s, the drug thalidomide was shown to cause horrible deformities in the newborns of thousands of women, the FDA banned it. Is death a less disastrous drug effect than deformity? How many more people will have to die before the government steps in to protect citizens by prohibiting the sale of Zyprexa?

Poor Leonard's Almanack

by Leonard Roy Frank
Street Spirit

Psychiatric Treatments For Depression May Be Hazardous To Your Health



This recent advertisement for Zoloft makes the claim: *"This is Denise's story. Denise P. Age 39, Trenton, NJ."* Yet the ad's fine print includes the disclaimer: *"Story not based on actual person."* Apparently no real cartoon happy faces could be found to go on record praising the benefits of this controversial anti-depressant.

The Zoloft ad states: *"Denise took comfort in the fact that Zoloft has helped so many people for so many years. Zoloft is safe and effective."* Yet the fine print immediately following that reassuring claim paints a very disturbing picture of dangerous side-effects. Zoloft's manufacturer warns: *"Those starting medication should be watched closely for suicidal thoughts, worsening of depression, or unusual change in behavior. In children and teens, Zoloft is only approved for use in those with obsessive-compulsive behavior."* The ad also warns: *"Side effects may include dry mouth, insomnia, sexual side effects, diarrhea, nausea and sleepiness."*

1. If ever, by some unlucky chance, anything unpleasant should somehow happen, why, there's always *soma* to give you a holiday from the facts. And there's always *soma* to calm your anger, to reconcile you to your enemies, to make you patient and long-suffering. In the past you could only accomplish these things by making a great effort and after years of hard moral training. Now, you swallow two or three half-gram tablets, and there you are. Anybody can be virtuous now.
ALDOUS HUXLEY (English writer), describing the euphoria-producing drug used in his sham-utopia, *Brave New World,* 1932

2. Mrs. Y., an involution melancholic, while being placed in a pack said: "Don't torture me this way — I don't want those wet sheets — they don't help me any — don't torture me with those hot sheets." Although she was usually noisy at other times she was quiet while actually in the pack....

With the prolonged bath, the usual precautions may be sufficient although it is necessary to be forever alert for suicidal tendencies.
JOSEPH A. KINDWALL and GEORGE W. HENRY (psychiatrists), "Wet Packs and Prolonged Baths: A Clinical Study of Reactions to These Forms of Therapy," *American Journal of Psychiatry,* July 1934

3. I have had a number of patients die suddenly from cardiovascular accidents, within a few weeks after full recovery from depressive psychoses, and am not fully convinced that the [shock] therapy may not have hastened their deaths.
A. E. BENNETT (psychiatrist), "An Evaluation of the Shock Therapies," *Diseases of the Nervous System,* January 1945

4. The acute phase of [Abraham] Lincoln's depressive attack in January 1841, lasted for more than a week.... His inability to attend the legislative session, and the fears of his colleagues that he would attempt suicide, would in modern times prompt most psychiatrists to arrange for inpatient hospitalization and treatment. I would insist on hospitalization, observation for suicidal intent, antidepressant drugs, and later administration of lithium as the treatment of choice for such a condition.
RONALD R. FIEVE (psychiatrist), *Moodswing: The Third Revolution in Psychiatry,* 1973

5. George Frederick Handel (1685-1759), known for his swings from depression to mania, composed his majestic Messiah oratorio in only six weeks. If he were living today, lithium would probably control his symptoms.
DOME DIVISION (Miles Laboratories Inc.), caption under a drawing of Handel, ad for Lithane, *Psychiatric News,* 19 January 1979

6. My entire college education has been completely wiped out and besides that all the reading and learning that I did on my own in the past three years.... I guess the doctors would consider [that electroshock] had beneficial effects because it has "cured my depression," but it's cured my depression by ruining my life, by taking away everything that made it worth having in the first place.
LINDA ANDRE (electroshock survivor, writer, director of the Committee for Truth in Psychiatry,) after undergoing 15 ECTs at New York's Payne Whitney Psychiatric Clinic in 1984 at the age of 24, radio interview, WBAI (New York), 1985

7. The vast majority of people overcome depression without resort to any mental health services. They do so by virtue of their own inner strength, through reading and contemplation, friendship and love, work and play, religion, art, travel, beloved pets, and the passage of time — all of the infinite ways that people have to refresh their spirits and to transcend their losses.
PETER R. BREGGIN (psychiatrist), *Toxic Psychiatry,* 1991

8. [Being on the antidepressant Prozac] is not at all like being on cruise control. It's more like driving a car with an unreliable fuel gauge on a long trip on an unfamiliar highway with no signs to indicate the distance to the next gas station or rest stop — and not minding.
SALLY HALPRIN (journalist),"iLife with Prozac," *San Francisco Sunday Examiner & Chronicle,* 15 August 1993

9. Joy juice for the brain.
PETER R. KRAMER (psychiatrist), referring to the antidepressant Prozac, *Listening to Prozac,* 1993

10. The antidepressants are basically speed.
RONALD LEIFER (psychiatrist), quoted in Seth Farber, *Madness, Heresy, and the Rumor of Angels: The Revolt Against the Mental Health System,* 1993

11. ECT [electroshock] may effectively silence people about their problems, and even convince some people that they are cured by numbing their faculties and destroying their memories. It may fulfill a socially-valued function in reinforcing social norms and returning people to unhappy or abusive situations, or to isolation and poverty without any expenditure on better services or community development. It is easier to numb people and induce forgetfulness than to try to eradicate poverty, provide worthwhile jobs and deal with people's demands to be listened to, understood, loved and valued as part of the community.
JAN WALLCRAFT (British electroshock survivor and writer), "ECT: Effective, But for Whom?" *OPENMIND* (British journal), April-May 1993

12. Three thousand Prozac prescriptions are written for babies under the age of one.

13. Eighty million prescriptions for sleeping pills, antidepressants and tranquilizers were issued in Britain last year. Tonight, *World in Action* reveals startling new evidence which suggests that these drugs impair judgment to such a degree that they are now responsible for more road deaths than alcohol. Could the annual toll of 4,000 road deaths [in Britain] be reduced by new controls on the use of such medication?
ANGLIA TV (British television guide), 17 October 1994

14. Were Moses to go up Mt. Sinai today, the two tablets he'd bring down with him would be aspirin and Prozac.
JOSEPH A. CALIFANO JR. (former US secretary of health, education and welfare), Charlie Rose television interview, PBS, 16 January 1995

15. Gallons of peppermint-flavored liquid Prozac prescribed this year: 27,012
HARPER'S, "Harper's Index," December 1997

16. [The antidepressants] might better be described as a chemical bull in a china shop, unpredictably interfering with a wide array of body systems including the heart, the digestive tract, the brain and the sexual organs.
THOMAS J. MOORE (writer), "The Hidden Dangers of Anti-Depressants," *Washingtonian,* 1997

17. Over a ten-year period Prozac was associated with more hospitalizations, deaths, or other serious adverse reactions reported to the FDA than any other drug in America. Two similar drugs for depression, Paxil and Zoloft, are of similar toxicity.
THOMAS J. MOORE, *Prescription for Disaster: The Hidden Dangers in Your Medicine Cabinet,* 1998

18. Disturbed animals in the zoo are given Prozac too, not for the misfortune of being [a tiger] but for the misfortune of being in a zoo; female depression could as likely be a consequence not of being female but of an inhuman environment.
GERMAINE GREER (Australian writer), *Untamed Shrew,* 1999

19. Some 92 million prescriptions were written for the top six antidepressants in 2002, a ubiquity that has, far more than any research, helped to bolster the theory that depression is the result of a biochemical imbalance that the drugs cure — a theory that has not been proved, despite more than 40 years of trying.
GARY GREENBERG (journalist), "Is It Prozac? Or Placebo?" *Mother Jones,* November-December 2003

20. [Christophe Girod, Washington representative of the Red Cross] said the uncertainty the [Guantanamo] detainees faced was a major factor in the high rate of attempted suicides and the incidence of clinical depression.

Cmdr. Louis Louk, the officer in charge of the detention camp's hospital, said recently that about one in five detainees was being medicated for clinical depression.
NEIL A. LEWIS (journalist), "U.S. Erecting a Solid Prison at Guantanamo for Long Term," *New York Times,* 22 October 2003.

21. The use of antidepressants in this country has nearly doubled since 1998, with more than $13 billion in sales in 2003, according to IMS Health, a pharmaceutical consulting company. Eli Lilly reports that its breakthrough drug Prozac, the first in a new class of antidepressants, has been consumed by more than 35 million people since it was introduced to the U.S. market in 1988.
ADRIENNE SANDER and VICTORIA COLLIVER (journalists), "Antidepressants Hazardous to Health Care Coverage," *San Francisco Chronicle,* 23 February 2004

22. The pooled results [of the studies in a recent FDA review] showed that an older class of antidepressants, known as tricyclics, was actually more effective, belying all the hype about the "revolutionary" new antidepressants [selective serotonin reuptake inhibitors, SSRIs].... The most disturbing finding was that more than twice as many depressed adults on new antidepressants kill themselves than those taking placeboes. The difference was 8.4 versus 3.6 suicides per 1,000 patients, a year respectively.
JOHN ABRAMSON (family doctor, Harvard Medical School, and author of *Overdosed America: The Broken Promise of American Medicine,* 2004), "Information Is the Best Medicine," *New York Times,* 18 September 2004

23. Reports of memory loss, tics and jerking side effects found in SSRI patients suggest the possibility of long-term brain damage. Is there a risk that, a decade hence, we will see an epidemic of Alzheimer's or Parkinson's-like diseases?
JOSEPH GLENMULLEN (psychiatrist, Harvard Medical School), as paraphrased by Richard C. Morais, "Prozac Nation: Is the Party Over?" *Forbes,* 6 September 2004

24. Child psychiatrists have an almost universal faith in SSRIs: the problem is that there isn't much clinical data to support their conviction.
JONATHAN MAHLER (journalist), "Thirteen-Year-Old Matt Miller Killed Himself Shortly After He Started Taking Zoloft," *New York Times,* 21 November 2004

25. General practitioners, internists and family doctors are, at times, penalized by health insurers for making referrals to psychiatrists. These first-line doctors write 73% of all antidepressant scrips [prescriptions] in America. Fact: We now spend more on mood-altering drugs for our children, including antidepressants, than we spend on antibiotics. Harried GPs [general practitioners] do not always discuss with their patients such possible problems as withdrawal symptoms on discontinuance or the need for ever-increasing doses as the drug's efficacy wears off.
RICHARD C. MORAIS (journalist), "Prozac Nation: Is the Party Over?" *Forbes,* 6 September 2004

26. Up to 70 percent of patients on antidepressants report sexual side effects, yet the number of Americans who take the drugs [213 million prescriptions written by U.S. doctors in 2003] has ballooned since Prozac was introduced in the late 1980s.
ANAHAD O'CONNOR (journalist), "Has the Romance Gone? Was It the Drug?" *New York Times,* 4 May 2004

27. Lorne Warneke, an Edmonton psychiatrist and psychosurgery proponent, says that psychosurgery is "a very simple procedure that effectively cuts nerve fibers. It's a bit like cutting some wires in a telephone trunk line to reduce the amount of messages getting through."

A 1999 poll of American Psychiatric Association members shows that psychiatrists are becoming more open to this physically invasive treatment model: 74 percent said they would consider neurosurgery for their patients.
DANIELLE EGAN (journalist), "Magical Mystery Cure," *This Magazine* (Toronto), Jan-February 2005

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Leonard Roy Frank is the editor of *Random House Webster's Quotationary* (20,000-plus quotes on 1,000-plus subjects). His "Frankly Quoted" column, distributed freely over the Internet every month, consists of 30-35 quotes and original thoughts, mostly about current events. To get on the "Frankly Quoted" listserve, send lfrank@igc.org your e-mail address.